## =2904 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 08:00 AN Secretary of State DOCUMENT # P00000100269 1. Entity Name MANATEE TOURS, INC. Principal Place of Business Mailing Address 220 B COMMERCIAL BLVD 4300 E. TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 US US 04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1076373 Nut Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISCHER, DAVID C DO NOT WRITE 4300 E. TRADEWINDS AVE LAUDERDALE BY THE SEA, FL 33308 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 5 grature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550,00 10. OFFICERS AND DIRECTORS PSTD HILE NAME FISCHER, DAVID C STREET ADDRESS 4300 E. TRADEWINDS AVE CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 U00000150187 TITLE 05/03/04-80215-017 150.00 NAME STREET ADVIRESS CITY-ST-ZIP BRE MAME STREET ADDRESS DO NOT WRITE CILY-SI-ZIP HILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP THEE NALH STREET ADDRESS CITY-ST-ZIP HILE

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all giber like empowered.

SIGNATURE

NAME STPLLI ADDRESS CITY-ST-ZIP

TAND FISCHER

1/30/04

954-882-5270

**FILED**