


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000077423 1. Entity Name PORT MANATEE COMMERCE CENTER, INC.	
---	---

Principal Place of Business 1201 TALLEVAST ROAD SARASOTA, FL 34239	Mailing Address 1201 TALLEVAST ROAD SARASOTA, FL 34239
--	--

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1127815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RIGGS, STANLEY  
1201 TALLEVAST ROAD  
SARASOTA, FL 34239

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000202963 01/29/05 00011 016 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGS, STANLEY A 1201 TALLEVAST ROAD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 other like empowered.

SIGNATURE: Stanley A. Riggs 1-27-05 944-359-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #