


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 041 ***150.00

DOCUMENT # P01000077423 1. Entity Name PORT MANATEE COMMERCE CENTER, INC.			
Principal Place of Business 2300 SOUTH DOCK ST. PALMETTO, FL 34221		Mailing Address 2300 SOUTH DOCK ST. PALMETTO, FL 34221	
2. Principal Place of Business - No P.O. Box # 2300 South Dock St. Suite, Apt. #, etc. STE 105		3. Mailing Address 2300 South Dock St. Suite, Apt. #, etc. STE 105	
City & State PALMETTO, FL		City & State PALMETTO, FL	
Zip 34221	Country US	Zip 34221	Country US
4. FEI Number 65-1127815		Applied For <input type="checkbox"/> 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 2300 SOUTH DOCK ST PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name <u>STANLEY A. RIGGS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 South Dock St., STE 105</u> City <u>PALMETTO</u> <u>FL</u> Zip Code <u>34221</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent, or both, if applicable.</small>		DATE <u>1-17-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGS, STANLEY A 2300 SOUTH DOCK ST. PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY A. RIGGS 2300 SOUTH DOCK ST., STE 105 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1-17-08</u> <small>Daytime Phone #</small>	

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01142008 Chg-P CR2E034 (12/06)