

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90027 013 ***150.00

DOCUMENT # P02000103579

1. Entity Name

DRIFT-IN OF MANATEE COUNTY, INC.



Principal Place of Business

2709 CORTEZ ROAD WEST
BRADENTON, FL

Mailing Address

2709 CORTEZ ROAD WEST
BRADENTON, FL

DO NOT WRITE IN THIS SPACE



07262005 No Chg-P CR2E034 (10/03)

4. FEI Number

30-0118631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONSTANTINE, KATHLEEN
1429 60TH AVE. WEST
STE 300
BRADENTON, FL 34207

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME CUERVO, JOSEPH T
STREET ADDRESS 3909 HIGHLAND AVENUE
CITY-ST-ZIP BRADENTON, FL

TITLE D
NAME CUERVO, ANGELA K
STREET ADDRESS 3909 HIGHLAND AVENUE
CITY-ST-ZIP BRADENTON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

owner

7-26-05

941-7562852