## 2006 FOR PROFIT CORPORATION

## Feb 15, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000103579 02-15-2006 90029 019 \*\*\*150.00 DRIFT-IN OF MANATEE COUNTY, INC. Principal Place of Business Mailing Address PARTAGA 2709 CORTEZ ROAD WEST 2709 CORTEZ ROAD WEST BRADENTON, FL BRADENTON, FL 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0118631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONSTANTINE, KATHLEEN DO NOT WRITE 1429 60TH AVE. WEST **STE 300** IN THIS SPACE BRADENTON, FL 34207 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 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE CUERVO, JOSEPH T -NAME STREET ADDRESS 3909 HIGHLAND AVENUE CITY-ST-ZIP BRADENTON, FL TITLE CUERVO, ANGELA K NAME STREET ADDRESS 3909 HIGHLAND AVENUE BRADENTON, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

2-13-06

Daytime Phone #

**FILED**