## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # P04000040462 1. Entity Name 02-06-2006 90072 028 \*\*\*150.00 MANATEE ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 4501 MANATEE AVENUE WEST #109 4501 MANATEE AVENUE WEST #109 **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 20-0826452 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWERS, GORDON JR. Street Address (P.O. Box Number is Not Acceptable) 1811 48TH STREET WEST **BRADENTON FL 34209** Zip Code City 8. The above named of tity 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition THILE ☐ Delete TITLE Change NAME POWERS, GORDON JR. NAME STREET ADDRESS STREET ADDRESS 1811 48TH STREET WEST CITY+ST-ZIP BRADENTON FL 34209 CITY-ST-ZIP TITLE ☐ Change Delete TITL€ Addition NAME BUSIERE, JEFFREY B NAME STREET ADDRESS 1507 27TH STREET WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TUTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 tystee 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 attachnier with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

FILED

94/-920-0887 Daytime Phone #