

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-09-2006 90025 042 ***150.00

| | | | | | |
|--|---|---------|--|---|--|
| DOCUMENT # P05000070144 1. Entity Name MANATEE RESTAURANT CORPORATION | | | | | |
| Principal Place of Business 100 E NEW YORK AVE DELAND FL 32724 | | | Mailing Address 100 E NEW YORK AVE DELAND FL 32724 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-2873976 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MARTIN, PHILLIP 100 E NEW YORK AVE DELAND FL 32724 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 Agents signature required when renewing) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE DIP <input type="checkbox"/> Delete NAME MARTIN, PHILLIP STREET ADDRESS 2800 O'CONNOR ST CITY-ST-ZIP FREDERICKSBURG VA 22408 Deland, FL 32720 | <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> | | | | |
| TITLE Accountant Chantell <input type="checkbox"/> Delete NAME Martin, Chantell STREET ADDRESS 1498 Red Plum Hollow CITY-ST-ZIP Deland FL 32724 | <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Chantell</i></u> (386) 626-2247 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> Date 1/30/06 </div> <div> Daytime Phone # </div> </div> | | | | | |

ATTACHMENT



60002738

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

MANATEE RESTAURANT CORPORATION
100 E NEW YORK AVE
DELAND, FL 32724

Subject: MANATEE RESTAURANT CORPORATION

Reference Number: **P05000070144**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION