## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # P05000101743  1. Entity Name LIMES OF MANATEE, INC.					04-09-2007	90094 015 ***	158.75
Principal Plac	e of Business	Mailing Address		7			
1725 E 8TH AVE-YBOR CITY 1725 E 8TH AVE-YB TAMPA, FL 33605 TAMPA, FL 33605			CITY A Lister of the Artifact	-	te son soft	rentant da din sa	er atify of f
2. Principal P	lace of Business*- No P.O. Box #	3. Mailing Address		-			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06)	)
City & State		City & State	City & State		D FOR 20-3	<b>か/はぐし / ├──</b>	optied For lot Applicable
Zip	Country	Zip	Country	5. Certilicate	of Status Desired	\$8.75 Ad	Iditional
-	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·	
HOLLAND WILLIAMAN ID			Name				
HOLLAND, WILLIAM M JR 1725 E 8TH AVE-YBOR CITY TAMPA, FL 33605			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
(74,11		c					
- · · · · · · · · · · · · · · · · · · ·			City			FL Zip Co	de
	named entity submits this statement (or ions of registered agent.	the purpose of changing its r	egistered office or regis	tered agent, or bo	th, in the State of Fk	orida. I am lamiliar with	, and accept
SIGNATURE Signature, hoold or printed name of registered agent and title if applicable (NOTE Registered Agent aggreture required when remaking)  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	* * *	5.00 May Be dded to Fees			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	3S IN 11
TITLE	P/D	☐ Defete	une			☐ Change	Addition
NAME Street address	HOLLAND, WILLIAM M JR. 228 WILLOWICK AVENUE		NAME STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP				
TITLE	S/D	☐ Delote	TITLE			Change	Addition
NAME	HOLLAND, KATHERINE B		NAME				
STREET ADORESS CITY-ST-ZIP	228 WILLOWICK AVENUE TEMPLE TERRACE, FL 33617		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADORESS	•		NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-	2		
TITLE		☐ Delete	TITLE			☐ Change	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-2IP			CITY-ST-ZIP				
TITLE		☐ Delete	INTE			Change	Addition
NAME CONCER ABORROS			NAME DVDCCL ADODEDS				
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP				İ
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i 12. i herebvi	certify that the information supplied with	this filing does not quality for	the exemptions contain	ed in Chanter 119	. Florida Statutes I	further certify that the	information I