## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P05000111906 1. Entity Name MANATEE BAY GROUP, INC.

**FILED** Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business 6704 LONE OAK BOULEVARD

NAPLES, FL 34109

Mailing Address

6704 LONE OAK BOULEVARD NAPLES, FL 34109



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02152007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-1257308 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

STERLING, JOHN J 6704 LONE OAK BOULEVARD NAPLES, FL 34109

SIGNATURE.

MAME

TITLE

CITY-ST-ZIP TITLE NAME

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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.	

(NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

U0000646648 #3/06/07-80040-021 150.00

DATE

OFFICERS AND DIRECTORS 10.

CLAUSSEN, ROBERT G

STREET ADDRESS 6704 LONE OAK BOULEVARD CITY-ST-ZIP NAPLES, FL 34109 TITLE D CLAUSSEN, CHRISTOPHER G NAME 6704 LONE OAK BOULEVARD

STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

STREET ADDRESS CITY-SY-ZIP

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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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR