

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112526

Entity Name: MANATEE RIVER NEWS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5370 GULF OF MEXICO DRIVE
SUITE 210
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

5370 GULF OF MEXICO DRIVE
SUITE 210
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-1256831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, STEPHEN
5370 GULF OF MEXICO DR SUITE 210
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: REID, STEPHEN L PCEO
Address: 5370 GULF OF MEXICO DR SUITE 210
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPCF () Delete
Name: REID, MELISSA VPCF
Address: 5370 GULF OF MEXICO DR SUITE 210
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN REID

PCEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date