## APPROVE. AND FILED

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 MAY -3 AM 9: 47 DOCUMENT # P05000137805 1. Entity Name SECRETARY OF STATE MANASOTA OUTPARCEL, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1432 FIRST STREET 1432 FIRST STREET SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chg-P X Applied For City & State City & State 4. FELNumber Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAKE, J. KEVIN Street Address (P.O. Box Number is Not Acceptable) 1432 FIRST STREET SARASOTA, FL 34236 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 800075218636 TITLE P Delete TITLE NAME Drake, J. Kevin 1432 First Street NAME 05/25/06---01007---007 \*\*200.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34236 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ 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-ZIP Delete ☐ Change ☐ Addition TITI F TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplemental indicated on this report or supplemental of the corporation or the receiver of trust. Arwith this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information be fort is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and the property of 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 empowered J. Kevin Drake President 4/24/2006 9<u>41-954-7750</u> SIGNATURE: SIGNATI