




**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90018 033 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

10010000

<b>DOCUMENT # P40749</b> 1. Entity Name <b>MANATEE TOWN CENTER, INC.</b>		
Principal Place of Business <b>2525 N LIMESTONE ST          SUITE 102-202          SPRINGFIELD, OH 45531 US          45503</b>		Mailing Address <b>2525 N LIMESTONE ST          SUITE 102-202          SPRINGFIELD, OH 45531 US          45503</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	02222005    Chg-P    CR2E034 (10/03)
Zip    Country	Zip    Country	4. FEI Number <b>31-1342971</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>VALENTINE, JAMES E.          701 11TH STREET SOUTH          UNIT # 18          NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2401 GULF SHORE BLVD N #8</b> City <b>NAPLES, FL</b> Zip Code <b>34103</b>
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP <b>CRABILL, CHARLES P.</b> <input type="checkbox"/> Delete 2490 SIGNAL HILL RD. SPRINGFIELD, OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC <b>VALENTINE, JAMES E.</b> <input type="checkbox"/> Delete 701 11TH STREET SOUTH UNIT # 18 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>VALENTINE, JAMES E.</b> <input type="checkbox"/> Delete 701 11TH STREET SOUTH UNIT # 18 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CRABILL, CHARLES P.</b> <input type="checkbox"/> Delete 2490 SIGNAL HILL RD. SPRINGFIELD, OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: <b>2/24/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>