


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P40749
1. Entity Name
MANATEE TOWN CENTER, INC.



Principal Place of Business Mailing Address
2525 N LIMESTONE ST **2525 N LIMESTONE ST**
SUITE 202 **SUITE 202**
SPRINGFIELD, OH 45503 US **SPRINGFIELD, OH 45503 US**



02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
31-1342971 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VALENTINE, JAMES E.
2401 GULF SHORE BLVD N
UNIT # 8
NAPLES, FL 34102

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP CRABILL, CHARLES P. 2490 SIGNAL HILL RD. SPRINGFIELD, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VALENTINE, JAMES E. 2401 GULF SHORE BLVD N, # 8 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VALENTINE, JAMES E. 2401 GULF SHORE BLVD N, # 8 NAPLES, FL 34103
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03/21/06-80076-013 150.00

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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: _____ **3/9/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #