

# 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  
**2525 N LIMESTONE ST  
SUITE 202  
SPRINGFIELD, OH 45503 US**

Mailing Address  
**2525 N LIMESTONE ST  
SUITE 202  
SPRINGFIELD, OH 45503 US**



02182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **31-1342971** Applied For  
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**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**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	DCP
NAME	CRABILL, CHARLES P.
STREET ADDRESS	2490 SIGNAL HILL RD.
CITY-ST-ZIP	SPRINGFIELD, OH
TITLE	DVS
NAME	VALENTINE, JAMES E.
STREET ADDRESS	2401 GULF SHORE BLVD N, # 8
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VPS
NAME	VALENTINE, JAMES E.
STREET ADDRESS	2401 GULF SHORE BLVD N, # 8
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	T
NAME	CRABILL, CHARLES P.
STREET ADDRESS	2490 SIGNAL HILL RD.
CITY-ST-ZIP	SPRINGFIELD, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80076-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

Daytime Phone #