## 2005 FOR PROFIT CORPORATION

## Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P93000062842 04-28-2005 90160 040 \*\*\*150.00 1. Entity Name MANATEE COUNTY HOME SHARING CORPORATION Principal Place of Business Mailing Address 14003061 601 12TH STREET WEST **601 12TH STREET WEST** BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0457435 Not Applicable Zip Country Country Zip \$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 QUINLAN, JOHN V ESQ. Street Address (P.O. Box Number is Not Acceptable) HAMRICK, PERREY, QUINLAN & SMITH **601 12TH STREET WEST** BRADENTON, FL 34205 City Zip Code Fi 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILLE TITLE Delete ▼ Channe ☐ Addition WIEBENGA, MEENE P NAME NAME WIEBENGA, MEENE PIETER 532 DENHAAG, 2582CT STREET ADDRESS STREET ADDRESS **DOKTER VAN LEDESTRAAT 101** CITY-ST-ZIP NETHERLANDS, CITY-ST-ZIP 2254 BR LEIDSCHENDAM, NETHERLANDS VP TITLE ☐ Delete TITLE \_\_\_ Change Addition HAMILTON, TERENCE T NAME NAME STREET ADDRESS **MOUTLAAN 34** STREET ADDRESS CITY-ST-ZIP BEMMEL, THE NETHERLANDS, CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🗀 Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE 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 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 yeport 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.

Pieter Wiebenga, President

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYP

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