


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000085044 1. Entity Name MANATEE SERVICES, INC.	
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Principal Place of Business P.O. BOX 936 PALMETTO, FL 34220	Mailing Address P.O. BOX 936 PALMETTO, FL 34220
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0538157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DURYEY, DUANE 502 6TH AVENUE DRIVE WEST PALMETTO, FL 34221	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCLURE, DANIEL P 4820 RIVERVIEW BLVD BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MCCLURE, CORRINE 4820 RIVERVIEW BLVD. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCLURE, DANIEL CARR 502 6TH AVE. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DURYEY, DUANE 4403 24TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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04/13/05-80034-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Duane Duryea 4/8/05 (941) 722-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #