


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000045966	
1. Entity Name LAKE MANATEE FISH CAMP, INC.	

Principal Place of Business 6247 ROCK CREEK CIR ELLENTON FL 34222	Mailing Address 6312 U.S. HWY 301 N. PMB 396 BRADENTON FL 34222
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0671237	Applied For Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DESENBERG, TREY 3208 BAY DR BRADENTON FL 34222	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May E Added to Fees
---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table border="1"> <tr> <td>TITLE</td> <td>DP <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DESENBERG, TREY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3208 BAY DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BRADENTON FL 34222</td> </tr> </table>	TITLE	DP <input type="checkbox"/> Delete	NAME	DESENBERG, TREY	STREET ADDRESS	3208 BAY DR	CITY - ST - ZIP	BRADENTON FL 34222	<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>1100000340806</td> </tr> <tr> <td>STREET ADDRESS</td> <td>04/28/05-80134-002 158.75</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	1100000340806	STREET ADDRESS	04/28/05-80134-002 158.75	CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> Delete																
NAME	DESENBERG, TREY																
STREET ADDRESS	3208 BAY DR																
CITY - ST - ZIP	BRADENTON FL 34222																
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add																
NAME	1100000340806																
STREET ADDRESS	04/28/05-80134-002 158.75																
CITY - ST - ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add																
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Trey Desenberg</i>	DATE: 4/15/05	DAYTIME PHONE #: 941-755-3000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>