## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P96000045966 1. Entity\*Name 04-24-2006 90511 001 \*\*\*150.00 LAKE MANATEE FISH CAMP, INC. 04-24-2006 90511 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 6247 ROCK CREEK CIR 6312 U.S. HWY 301 N. PMB 396 **ELLENTON FL 34222 BRADENTON FL 34222** 2. Principal Place of Business 3. Mailing Address **P.O. BOX**Suite, Apt. #, etc. 2411 TALLEVAST RD Suite, Apt. \*, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0671237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DESENBERG, TREY 3208 BAY DR **BRADENTON FL 34222** 2411 TALLEVAST 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 TREY DESENBERG, PRESIDENT Billo II applicable. (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE Addition DESENBERGIREY DESENBERG, TREY NAME NAME 2411 TALLEVAST AD SARASOTA ,FL 34243 STREET ADDRESS STREET ADDRESS 3208 BAY DR CITY-ST-ZIP **BRADENTON FL 34222** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TIBE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 exemptions contained in Section 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.

Trey Desenberg, President 2/17/06 941-755-3008
BE OF SUBMING OFFICER OR DIRECTOR Phone #

FILED