


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90015 048 \*\*\*150.00

<b>DOCUMENT # P97000068570</b> 1. Entity Name <b>MANATEE AVIATION ENTERPRISES, INC.</b>					
Principal Place of Business <b>4301 32ND ST WEST SUITE D-1 BRADENTON, FL 34205</b>			Mailing Address <b>4301 32ND ST WEST SUITE D-1 BRADENTON, FL 34205</b>		
2. Principal Place of Business <b>6791 28th St Cir E</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6791 28th St Cir E</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Sarasota, Florida</b>		City & State <b>Sarasota, Florida</b>		4. FEI Number <b>65-0815966</b>	
Zip <b>34243</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, STEPHEN A 4301 32ND ST WEST BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent Name <b>Stephen A. Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>6791 28th St Cir E</b>  City <b>Sarasota</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILSON, STEPHEN A 4301 32ND ST WEST BRADENTON, FL 34205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6791 28th St Cir E Sarasota, FL 34243</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Stephen A Wilson</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>03/11/05 941-755-1166</b> <small>Date Daytime Phone #</small>		