


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 001 ***150.00

DOCUMENT # P97000071432 1. Entity Name LITTLE MANATEE SPRINGS, INC.					
Principal Place of Business 4337 HAMLIN WAY WIMAUMA, FL 33598 US			Mailing Address 4337 HAMLIN WAY WIMAUMA, FL 33598 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0775798	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BODDEN, JOHN A PRES. 4274 HAMLIN WAY WIMAUMA, FL 33598				7. Name and Address of New Registered Agent Name Rebecca S Bodden Street Address (P.O. Box Number is Not Acceptable) 4274 HAMLIN WAY WIMAUMA City FL Zip Code 33598	
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 <u><i>Rebecca S Bodden</i></u> REBECCA S BODDEN 1-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODDEN, JOHN A PRES./D <input checked="" type="checkbox"/> Delete 4274 HAMLIN WAY WIMAUMA, FL 33598		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODDEN, REBECCA S SECT./D <input type="checkbox"/> Delete 4274 HAMLIN WAY WIMAUMA, FL 33598		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bodden, Rebecca S, Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4274 HAMLIN WAY WIMAUMA FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim UMANA, SECR-TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 804 30th AVENUE WEST PALMETTO, FL 34221	
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 exemptions contained in Chapter 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.					
SIGNATURE: <u><i>Rebecca S Bodden</i></u> REBECCA S BODDEN			1-7-08 813-6342395 <small>Date Daytime Phone #</small>		