

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 004 ***150.00

DOCUMENT # P97000077612

1. Entity Name
1215 MANATEE AVE., INC.



Principal Place of Business
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

Mailing Address
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

40003300



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0788320

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, TIMOTHY A
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	THOMPSON, STEPHEN W
STREET ADDRESS	1205 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	ASVD
NAME	BALD, KIMBERLY A
STREET ADDRESS	1227 9TH AVENUE NORTH
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	SAVD
NAME	PROUTY, STEVEN W
STREET ADDRESS	1205 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	PD
NAME	HAMLIN, CURTIS D
STREET ADDRESS	1205 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	AVPD
NAME	KNOWLES, TIMOTHY A
STREET ADDRESS	1205 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	AVPD
NAME	NAJMY, Joseph L.
STREET ADDRESS	1205 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS D. HAMLIN

Date

Daytime Phone #

1/16/2007 941-748-3770