

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000063499

1. Entity Name
MANATEE OIL, INC.



Principal Place of Business
**3612 CORTEZ RD.W
BRADENTON, FL 34210**

Mailing Address
**5066 47TH ST.W
BRADENTON, FL 34210**

DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0852895** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUNG, JOCELYN
5066 47TH STREET WEST
BRADENTON, FL 34210**

**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, the registered agent.

SIGNATURE

Joelyn C. Pung

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VS
NAME PUNG, JOCELYN
STREET ADDRESS 5066 47TH STREET WEST
CITY-ST-ZIP BRADENTON, FL 34210

TITLE PT
NAME PUNG, JOEL
STREET ADDRESS 5066 47TH STREET WEST
CITY-ST-ZIP BRADENTON, FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/19/04-80021-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Joelyn C. Pung JOCELYN C. PUNG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 (941) 447-8040

Date

Daytime Phone #