2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000085085					ril El	
MANÁSOTA RESIDENTIAL REAL ES		STATE, INC.			05 AUG -3 AH 9: 38	
Principal Place of Business		Mailing Address			ALLANAS JEF, FLORIDA	
3704 US HWY 301 N. STE. #3 ELLENTON, FL 34222		3704 US HWY 301 N. STE. #3 ELLENTON, FL 34222				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06062005 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-0868051 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent	-
SMALLS, VICKIE 16323 UPPER MANATEE RIVER ROAD BRADENTON, FL 34212				ddress (0.5 L	s (P.O. Box Number is Not Acceptable) Upper Manatu River Road deating FL Zip Code 34212	
		the purpose of changing its	registered office or	register	stered agent, or both, in the State of Florida. I am familiar with, and accept	7
SIGNATURE Signature, typed or printed fluend of registered agent and title if applicable. (NOTE: Registered Agent signature regulatory) DATE						
Amended AR is \$61.25 9. Election Campaign f Trust Fund Contribut					S5.00 May Be dded to Fees	
10.	OFFICERS AND		11.	Τ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	7
TITLE NAME	PTD SMALLS, VICKIE E	☐ Delete	TITLE NAME		Id Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	16323 UPPER MANATEE RIVER BRADENTON, FL 34212	ROAD	STREET ADDRESS CITY-ST-ZIP		405 upper Manader River Rd Bradenton, FC 34212	
TITLE		☐ Delete	TITLE		Change Addition	
NAME Street address City-St-7ip			NAME STREET ADDRESS CITY-ST-ZIP		900058486109 08/11/0501050016 **61.25	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	٦
NAME STREET ADDRESS C/TY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Deletē	TITLE -		☐ Change ☐ Addition	1
NAME STREET ADDRESS			name Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			-
TITLE NAME		☐ Delete	TITLE NAME		· Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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 attractment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of D						