


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90001 031 ***158.75

DOCUMENT # P99000002416	
1. Entity Name MANATEE RIVER RESORT, INC.	

Principal Place of Business 4513 WINNERS CIRCLE SUITE 1524 SARASOTA, FL 34238	Mailing Address PO BOX 640 SARASOTA, FL 34230-0640
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54062970

2. Principal Place of Business 4501 FAIRLANE DRIVE	3. Mailing Address 4501 FAIRLANE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NORTH PORT, FL 34288	City & State NORTH PORT, FL 34288
Zip Country	Zip Country



07152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0890257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, BARBARA K 4513 WINNER CIRCLE SUITE 1524 SARASOTA, FL 34238	7. Name and Address of New Registered Agent Name MARK BRIVIK Street Address (P.O. Box Number is Not Acceptable) 4501 FAIRLANE DRIVE City NORTH PORT FL Zip Code 34288
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BARBARA K 4513 WINNERS CIRCLE SUITE 1524 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK BRIVIK, 4501 FAIRLANE DRIVE NORTH PORT, FL 34288 <input checked="" 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
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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.

SIGNATURE:  **7-15-04 (941) 4233766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

P.O. BOX 640
SARASOTA, FLORIDA 34230-0640

54062970
899000002416

July 17, 2004

Division of Corporations
2670 Executive Center Circle Suite 100
Tallahassee, Florida 32301

re: Annual reports

Dear Sirs/Madame:

Enclosed please find Annual reports for the following corporation;

- 1) Manatee River Resort, Inc.
- 2) River Meadows Development Corporation, Inc.
- 3) Commonwealth Industrial Holdings, Inc.

together with the fee for filing. Please note that a renewal notice was not received.

Please forward a Certificate of Good Standing to address above.

Thank you, for your assistance.

Sincerely,

Barbara K. Smith
(941) 423-3766

bks/