

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002416

1. Entity Name  
MANATEE RIVER RESORT, INC.



FILED  
07 AUG 23 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PO BOX 640  
SARASOTA, FL 34230

Mailing Address  
PO BOX 640  
SARASOTA, FL 34230

2. Principal Place of Business - No P.O. Box #  
18815 Conway Windermere Rd  
Suite, Apt. #, etc.  
Suite 193

3. Mailing Address  
18815 Conway Windermere Rd  
Suite, Apt. #, etc.  
Ste 193

City & State  
Orlando FL  
Zip  
32835  
Country  
US

City & State  
Orlando FL  
Zip  
32835  
Country  
US

08172007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0890257  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIVIK, MARK  
PO BOX 640  
SARASOTA, FL 34230

7. Name and Address of New Registered Agent

Name  
Brivik, Mark  
Street Address (P.O. Box Number is Not Acceptable)  
18815 Conway Windermere Rd  
Suite 193  
City  
Orlando FL Zip Code  
32835

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. (If a DTE Registered Agent, signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	BRIVIK, MARK	PO BOX 640	SARASOTA, FL 34230	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		18815 Conway Windermere Rd	Orlando FL 32835	<input type="checkbox"/>
		800109183838	09/07/07--01012--022 **400.00	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

08/17/07

Date

Business Phone #