


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P99000048007 1. Entity Name TAKE CARE OF MANATEE, INC.	
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Principal Place of Business 6156 STATE ROAD 70 EAST BRADENTON, FL 34203	Mailing Address 3982 BEE RIDGE RD. SARASOTA, FL 34233
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03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WISE, SUSANNE
1429 WESTBROOK DR.
SARASOTA, FL 34231**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISE, SUSANNE 1429 WESTBROOK DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WISE, CARL A 1429 WESTBROOK DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISE, SUSANNE S 1429 WESTBROOK DR SARASOTA, FL 34231
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05/01/07-80136-019 150.00

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 I am empowered.

SIGNATURE: CARL A. WISE **7 Apr 07 841 366 6060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #