## 2008 FOR PROFIT CORPORATION

## **Secretary of State ANNUAL REPORT** 02-04-2008 90055 048 \*\*\*150.00 DOCUMENT # P99000048007 TAKÉ CARE OF MANATEE, INC. 40021~ Principal Place of Business Mailing Address 6156 STATE ROAD 70 EAST 3982 BEE RIDGE RD. BRADENTON, FL 34203 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01212008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0931131 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WISE, SUSANNE Street Address (P.O. Box Number is Not Acceptable) 1429 WESTBROOK DR. SARASOTA, FL 34231 City Zip Code 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. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition WISE, SUSANNE NAME NAME 7508 COVE TELRACE STREET ADDRESS 1429 WESTBROOK DR STREET ADDRESS Sarasota, FL 34231 CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP VPS TIFLE ☐ Delete TITLE Change ■ Addition NAME WISE, CARL A NAME 1429 WESTBROOK DR STREET ADDRESS 7508 COUE TERRALE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Sarabota, FL 34231 ☐ Delete Change THE Addition WISE, SUSANNE S NAME NAME STREET ADDRESS 1429 WESTBROOK DR 7508 COVE TERRACE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Sarasota, FL 34231 TOTLE Delete TITLE Change ☐ Addition NAME NAME 7508 COVETERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP garabota, FL 34231 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling does not quality 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 earth; 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 in the receiver of the receiver or trustee empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: <u>Wusanne</u>

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 04, 2008 8:00 am