2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P99000057784

1. Entity Name

CMI & ASSOCIATES OF MANATEE COUNTY, INC.



FILED Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

1200 1ST AVE W SUITE 200

BRADENTON, FL 34205

Mailing Address

1200 1ST AVE W

SUITE 200

BRADENTON, FL 34205



02272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0929135 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGH MILLER 1200 1ST AVE WEST SUITE 200

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BRADENTON, FL 34205			IN THIS STASE			
	named entity submits this statement for the plants of registered agent.	ourpose of changing its register	ed office or	registered agent, or both,	in the State of Florida. I am fami	iar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable (NOTE: Registers	id Agent signatu	re required when reinstating)	DATE	· ·
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, HUGH 1200 1ST AVE WEST SUITE 200 BRADENTON, FL 34205	CTORS			naaaae <u>88</u> 8	33
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/19/07-8002	0-014 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			1	4.		

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:

STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-749-3433