

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S45731</b> 1. Entity Name SORRELLS OF MANATEE, INC.			
Principal Place of Business LIVINGSTON ROAD BOX 551 ARCADIA, FL 33821		Mailing Address LIVINGSTON ROAD BOX 551 ARCADIA, FL 33821	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0262527	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SORIA, G. CRAIG, ESQUIRE 2201 RINGLING BLVD. STE 1036 SARASOTA, FL 34237		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SORRELLS, STEVEN 125 MARSHALL AVE ARCADIA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SORIA, LEDANE 4375 BRANDYWINE DR SARASOTA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SORIA, CRAIG 4375 BRANDYWINE DR SARASOTA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Steven Sorrells</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/6/2004 868-494-3066 <small>Date Daytime Phone #</small>	