2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90411 033 ***150.00

DOCUMENT # V65854

1. Entity Name
MANATEE DEVELOPMENT CORPORATION OF BOCA, INC.

Principal Place of Business	Mailing Address
500 NE SPANISH RIVER BLVD. SUITE 32 B BOCA RATON, FL 33431 US	500 NE SPANISH RIVER BLVD. SUITE 32 B BOCA RATON, FL 33431 US

94080018

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4520 NW 5TH AVE		4520 NW 5TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON FL		City & State: BOCA RATON FL	
Zip: 33431	Country: US	Zip: 33431	Country: US

4. FEI Number: 65-0359684 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, MICHAEL L.
500 N.E. SPANISH RIVER BLVD.
SUITE 32-B
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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] MICHAEL L BROWN 04/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, MICHAEL L. 500 N.E. SPANISH RIVER BLVD., 32-B BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, MICHAEL L 4520 NW 5TH AVE BOCA RATON FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] MICHAEL L BROWN 04/28/04 561-392-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #