


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90045 037 \*\*\*\*61.25

**DOCUMENT # N02000007538**

1. Entity Name  
**WEALTH BUILDERS OF SARASOTA, INC.**



Principal Place of Business  
**240 SOUTH PINEAPPLE AVENUE 10TH FLOOR  
 SARASOTA, FL 34236**

Mailing Address  
**240 SOUTH PINEAPPLE AVENUE 10TH FLOOR  
 SARASOTA, FL 34236**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**02-0643300**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DOERR, KENNETH D</b> <b>240 SOUTH PINEAPPLE AVENUE 10TH FLOOR</b> <b>SARASOTA, FL 34236</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

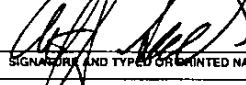
**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YBP P</b> BOOTHROYD, HOWARD 820 OLD TRAIL RD. NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEEDS, CLIFF 534 PALMWOOD DR. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RITZMAN, BETTY 434 PALM TREE DR. BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W WATERS, ALLEN <input checked="" type="checkbox"/> Delete 7040 DEL LAGO DR. SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDITH PITTMAN <input type="checkbox"/> Delete 4805 COUNTRY OAKS BLVD SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  **Cliff Seeds, Treasurer** Date: **3/18/05** Daytime Phone #: **941-685-6141**