

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90320 035 \*\*\*\*61.25

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N98000002257</b>                                   |  |
| 1. Entity Name<br><b>SHO FU BONSAI SOCIETY OF SARASOTA, INC.</b> |                                                                                   |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>5402 ANTOINETTE ST.<br/>SARASOTA FL 34232</b> | Mailing Address<br><b>5402 ANTOINETTE ST.<br/>SARASOTA FL 34232</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

**14000516**



1st MOORE CR2E037 (10/04)

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| 2. Principal Place of Business<br><b>2844 Prestwick DR.</b> | 3. Mailing Address<br><b>2844 Prestwick Dr.</b> |
| Suite, Apt. #, etc.                                         | Suite, Apt. #, etc.                             |
| City & State<br><b>Lakeland, FL 33803</b>                   | City & State<br><b>Lakeland, FL 33803</b>       |
| Zip                                                         | Country                                         |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3583734</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>KURTZ, TREVA R<br/>5402 ANTOINETTE ST.<br/>SARASOTA FL 34232</b> |  |
|------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Cindy Petterson</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2844 Prestwick Drive</b><br>City <b>Lakeland</b> FL <b>33803</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 <i>Cindy Petterson</i><br>Signature, typed or printed name of registered agent and title if applicable                                                                                                               | <i>LINDY PETERSON TREASURER</i> 4/13/05<br>(NOTE: Registered Agent signature required when reinstating) DATE |

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                             |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TRIGG, JULIE<br>4014 BAY SHORE RD<br>SARASOTA FL 34234-3705 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>Joe Moreno<br>4028 San Luis Drive<br>Sarasota, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HAMM, WALTER<br>963 VIRGINIA DR<br>SARASOTA FL 34234-7338 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP/D<br>John Petterson<br>2844 Prestwick Dr.<br>Lakeland, FL 33803 <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>THOMPSON, THELMA<br>4028 SOUTHWELL WAY<br>SARASOTA FL 34241 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Sec/D<br>Thelma Thompson <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>KURTZ, TREVA R<br>5402 ANTOINETTE ST.<br>SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treas/Dir<br>Cindy Petterson<br>2844 Prestwick Dr.<br>Lakeland, FL 33803 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Cindy Petterson</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4/13/05 863-683-3555<br>Date Daytime Phone # |