

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90873 001 ***300.00


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01062005 No Chg-P CR2E034 (10/03)

DOCUMENT # P03000073917

1. Entity Name
SARASOTA RESTAURANT EQUIPMENT & SUPPLIES INC.



Principal Place of Business Mailing Address

4487 ASHTON ROAD P.O. BOX 825
 SUITE D OSPREY, FL 34229
 SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0840179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TODD, VICTORIA L
 332 BAYSHORE DRIVE
 OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TODD, VICTORIA L
STREET ADDRESS	P O BOX 825
CITY-ST-ZIP	OSPREY, FL 342229
TITLE	V
NAME	TODD, NORMAN W
STREET ADDRESS	P O BOX 825
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Victoria L Todd* 1-6-05 941-924-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #