

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 247884

1. Entity Name
BUILDING SUPPLY CREDIT ASSN OF SARA-MANA INC



Principal Place of Business
**2122 10TH STREET
SARASOTA, FL 34237**

Mailing Address
**PO BOX 49123
SARASOTA, FL 34230-6123 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0931573

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEUTHOLD, PATRICIA W
2122 10TH STREET
SARASOTA, FL 34237**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000492879
04/19/06-80082-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WATKINS, PAT
5330 PINKNEY AVE.
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AVERY, MARK
3800 DEER DR.
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, PAMLYN
1777 MAIN ST
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, JOHN
8283 VICO COURT
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
FULTON, GEMMA
3801 N. ORANGE AVE.
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEUTHOLD, PATRICIA W
2122 10TH STREET
SARASOTA, FL**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia W Leuthold **PATRICIA W LEUTHOLD**

Date

Daytime Phone #

4-3-06 941 951 6657