


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90006 022 ***150.00

DOCUMENT # 343405
 1. Entity Name
BATH AND RACQUET CLUB - SARASOTA, INC.



Principal Place of Business 2170 ROBINHOOD ST. SARASOTA, FL 34231	Mailing Address 2170 ROBINHOOD ST. SARASOTA, FL 34231
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1270079	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
 OLSON, SCOTT
 2170 ROBINHOOD ST.
 SARASOTA, FL 34231

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WAGSTAFF, KENNETH R 2170 ROBINHOOD ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, SCOTT 5145 ASHTON PINES LANE SARASOTA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Scott Olson **3/29/04** **941 921 6678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #