2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #377702

1. Entity Name SARASOTA'S CAPTAINS TABLE, INC.



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3232 N TAMIAMI TRAIL

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BLDG, B SARASOTA, FL 34234

BLDG. B Sarasota, FL 34234



DO NOT WRITE IN THIS SPACE

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1058479

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, NICK V JR 3232 N TAMIAMI TRAIL BLDG. B SARASOTA, FL 34234 DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered	ed 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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE ELLIS, NICK V JR NAME STREET ADDRESS 3232 N TAMIAMI TRAIL, BLDG, B SARASOTA, FL 34234 CITY-ST-ZIP TITLE ELLIS, RICHARD V NAME 3232 N TAMIAMI TRL BLDG B STREET ADDRESS SARASOTA, FL 34234 CITY-ST-7IP TITLE ELLIS, MILDRED P NAME STREET ADDRESS 3232 N TAMIAMI TRAIL, BLDG. B CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000700691 04/20/07-80029-001 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 and dress, with all other like empowered.

SIGNATURE

STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF BIODING OFFICER OR DIRECTOR

4/6/07

941-355-7175

Daytime Phone #