2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90018 047 ***150.00

DOCUMENT # 429132

1. Entity Name
INSURANCE SERVICE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
873 SOUTH TAMIAMI TRAIL OSPREY, FL 34229 US	~~873 SOUTH TAMIAMI TRAIL~~ OSPREY, FL 34229 US

04012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 907
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State: Osprey, FL
Zip / Country	Zip: 34229 / Country: U.S.A.

4. FEI Number: 59-1483277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACFARLANE,JOHN 873 SOUTH TAMIAMI TRAIL OSPREY, FL 34229	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACFARLANE, JOHN R. 1152 N CASEY KEY RD. OSPREY FL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MacFarlane, John R 519 Habitat Blvd. Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MACFARLANE, DOROTHY 1152 N CASEY KEY RD. OSPREY FL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secy-Treas., Director MacFarlane, Dorothy 519 Habitat Blvd. Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVIS, ERICA D 739 FORDINGBRIDGE RD OSPREY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAUENHEIMER, JOHN 519 HABITAT BLVD OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P Dauenheimer, John 3536 Founders Club Dr Sarasota, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACFARELANE, KEITH A 5038 SANDY COVE AVENUE SARASOTA, FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P MacFarlane, Keith 5038 Sandy Cove Ave Sarasota, Fl. 34242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dorothy MacFarlane, Secy-Treas, Director 4/1/08 (941)9665606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dorothy MacFarlane