## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 585477** 

DASOTA COAST DEALTY INC

FILED Jan 09, 2006 Secretary of State

Entity Name: SARASOTA COAST REALTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 401 N. CATTLEMEN ROAD SUITE #100 SARASOTA, FL 34232 **New Mailing Address: Current Mailing Address:** 401 N. CATTLEMEN ROAD SUITE #10 SARASOTA, FL 34232 FEI Number: 59-2426784 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MESHAD, JOHN W. MESHAD, JOHN W 1900 RINGLING BLVD 401 N CATTLEMEN RD #100 SARASOTA, FLA., FL 34236 US US SARASOTA, FLA., FL 34232 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. SIGNATURE: JOHN W MESHAD 01/09/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MESHAD, JOHN W., Name: Name: 401 N CATTLEMEN RD #100 Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: ( ) Delete Title: DVP Title: () Change () Addition Name: MESHAD, GAVIN W Name: 401 N CATTLEMEN RD #100 Address: Address: SARASOTA, FL 34232 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition BROWN, PAMELA S Name: Name: 401 NORTH CATTLEMEN ROAD #100 Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W MESHAD PT 01/09/2006

MESHAD, ELAÍNE B

SARSOTA, FL 34232

401 N CATTLEMEN RD #100

Name: Address:

City-St-Zip: