2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 619223

FILED May 08, 2005 Secretary of State

Entity Name: A.L. PABST OF SARASOTA, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
8911 MIDNIGHT PASS RD #110 SARASOTA, FL 34242							
Current Mailing Address:				New Mailing Address:			
8911 MIDNIGHT PASS RD #110 SARASOTA, FL 34242				5002 GRAINARY AVE TAMPA, FL 33624			
FEI Number:	59-1904452	FEI Number Applie	ed For () FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
PABST, BELVA L. 8911 MIDNIGHT PASS ROAD #110 SARASOTA, FL US				BRAWDERS, DEREK A 5002 GRAINARY AVE. TAMPA, FL 33624 US			
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: DEREK A BRAWDERS					05/08/2005		
Electronic Signature of Registered Agent						Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D RIVENBARK 4713 FLATBI SARASOTA,	USH AVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PABST, BEL	HT PASS RD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	COMPTON, 0 5508 WHISP	() Delete CAROL A PERING PINES LANE ES, CA 93446		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D	() Delete		Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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:

BRAWDERS, DEREK A

5002 GRAINARY AVE.

TAMPA, FL 33624

SIGNATURE: DEREK A BRAWDERS D 05/08/2005

BRAWDERS, DEREK A

6732 33RD AVE NORTH

ST. PETERSBURG, FL 33710

Name:

Address:

City-St-Zip: