

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 619223

FILED
Aug 23, 2006
Secretary of State

Entity Name: A.L. PABST OF SARASOTA, INC.

Current Principal Place of Business:

8911 MIDNIGHT PASS RD #110
SARASOTA, FL 34242

New Principal Place of Business:

4713 FLATBUSH AVENUE
SARASOTA, FL 34233

Current Mailing Address:

5002 GRAINARY AVE
TAMPA, FL 33624

New Mailing Address:

PO BOX 547
TEMPLETON, CA 93465

FEI Number: 59-1904452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAWDERS, DEREK A
5002 GRAINARY AVE.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

GAIL, RIVENBARK
4713 FLATBUSH AVE
SARASOTA, FL 34233 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: GAIL RIVENBARK

08/23/2006

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:

Title: D () Delete
Name: RIVENBARK, GAIL L.
Address: 4713 FLATBUSH AVE
City-St-Zip: SARASOTA, FL

Title: PST () Delete
Name: PABST, BELVA L.
Address: 8911 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL

Title: VD () Delete
Name: HERIG, CHRISTY J.
Address: 17609 1ST STREET EAST
City-St-Zip: REDINGTON SHORES, FL

Title: D (X) Delete
Name: COMPTON, CAROL A
Address: 5508 WHISPERING PINES LANE
City-St-Zip: PASO ROBLES, CA 93446

Title: D (X) Delete
Name: BRAWDERS, DEREK A
Address: 5002 GRAINARY AVE.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIVENBARK, GAIL L.
Address: 4713 FLATBUSH AVE
City-St-Zip: SARASOTA, FL 34233

Title: PST (X) Change () Addition
Name: PETERSEN, FREDERIC C
Address: 464 N. TURNPIKE RD
City-St-Zip: SANTA BARBARA, CA 93111

Title: VD (X) Change () Addition
Name: COMPTON, CAROL A
Address: 5503 WHISPERING PINES LANE
City-St-Zip: PASO ROBLES, CA 93446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: FREDERIC PETERSEN

PST

08/23/2006

Electronic Signature of Signing Officer or Director

Date