

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

DOCUMENT # 762060

1. Entity Name
SARASOTA HAMFEST, INC.



Principal Place of Business
POST OFFICE BOX 3182
SARASOTA, FL 34230

Mailing Address
POST OFFICE BOX 3182
SARASOTA, FL 34230

04 APR 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

66415702



01252004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0192133

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, WILLIAM E.
7334 DEER CROSSING COURT
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, WILLIAM E.
STREET ADDRESS 7334 DEER CROSSING COURT
CITY-ST-ZIP SARASOTA, FL 34240

TITLE T
NAME MARTIN, VIVIA
STREET ADDRESS 7334 DEER CROSSING COURT
CITY-ST-ZIP SARASOTA, FL 34240

TITLE S
NAME MARTIN, WILLIAM E.
STREET ADDRESS 7334 DEER CROSSING CT.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE VD
NAME MARTIN, VIVIA
STREET ADDRESS 7334 DEER CROSSING CT
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000033799140
04/26/04--01010--006 **70.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.04

Date

941.917.1491

Daytime Phone #