

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90024 026 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000003577		
1. Entity Name CHILDRENS CORNER OF SARASOTA, INC.		
Principal Place of Business 3060 GRAND BAY BLVD. APT. 124 LONGBOAT KEY, FL 34228		Mailing Address 3060 GRAND BAY BLVD. APT. 124 LONGBOAT KEY, FL 34228
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSENTHAL, HENRY J 3060 GRAND BAY BLVD. APT. 124 LONGBOAT KEY, FL 34228		4. FEI Number 13-2676523 Applied For Not Applicable
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: <i>Henry J Rosenthal, President</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required DATE: 5/4/2005
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ROSENTHAL, HENRY J 3060 GRAND BAY BLVD. LONGBOAT KEY, FL 34228	
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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 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: <i>X</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #