

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004923

1. Entity Name
SARASOTA CCM, INC.



Principal Place of Business
**39 ELGIN AVENUE
WICKFORD, RI 02852**

Mailing Address
**39 ELGIN AVENUE
WICKFORD, RI 02852**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0540708

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**GEST, ALAN B ESQ.
20801 BISCAYNE BLVD.
SUITE 506
AVENTURA, FL 33180**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
SQUILLANTE, J F
39 ELGIN AVENUE
WICKFORD, RI 02852**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/15/08-80023-016 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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:

J F Squillante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

Date

800 652 1699

Daytime Phone #