


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90060 012 ***150.00

DOCUMENT # F97522 1. Entity Name FLORIDA STATE REALTY CORPORATION OF SARASOTA, INC.			
Principal Place of Business 3330 FRUITVILLE RD SARASOTA, FL 34237		Mailing Address 3224 WOODBERRY LN SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 3224 WOODBERRY LN Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34231		Country SARASOTA	
4. FEI Number 59-2246368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARCHIOLO, RICHARD 3224 WOODBERRY LN SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME CARCHIOLO, RICHARD	<input type="checkbox"/> Delete	
STREET ADDRESS 3224 WOODBERRY LN	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP SARASOTA, FL 342317378			
TITLE D	NAME CARCHIOLO, RICHARD	<input type="checkbox"/> Delete	
STREET ADDRESS 3224 WOODBERRY LN	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP SARASOTA, FL 342317378			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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 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>Richard Carchiolo, Pres.</i>		3-30-07 941-922-4947	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	