

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # G79579

1. Entity Name
SARASOTA R.V. CENTER, INC.



Principal Place of Business

% HOWARD R. SCHMUCKER
4379 CLARK RD
SARASOTA, FL 34233

Mailing Address

% HOWARD R. SCHMUCKER
4379 CLARK RD
SARASOTA, FL 34233



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2371228

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHMUCKER, HOWARD R.
4379 CLARK RD
SARASOTA, FL 34233

**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**

U000000902698
04/30/08-80016-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHMUCKER, HOWARD R.
STREET ADDRESS	4383 WHISPERING WOODS PL
CITY- ST- ZIP	SARASOTA, FL 34233
TITLE	VTS
NAME	SCHMUCKER, SUSIE M.
STREET ADDRESS	4383 WHISPERING WOODS PL
CITY- ST- ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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 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: Howard R. Schmucker 4/14/08 941-922-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #