

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # H28259

1. Entity Name
PATRICK'S OF SARASOTA, INCORPORATED



Principal Place of Business
C/O CHARLES J BARTLETT
2033 MAIN ST #600
SARASOTA, FL 34237 US

Mailing Address
C/O CHARLES J BARTLETT
2033 MAIN ST #600
SARASOTA, FL 34237 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2473709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLETT, CHARLES J
2033 MAIN ST
STE 600
SARASOTA, FL 34237

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	PATRICK, JOSEPH
STREET ADDRESS	350 GULF OF MEXICO DRIVE
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	PD
NAME	SULLIVAN, JAMES F. JR.
STREET ADDRESS	2234 HIBISCUS STREET
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	TD
NAME	KNOWLES, JOHN
STREET ADDRESS	1800 BEN FRANKLIN DR
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	SD
NAME	FEHILY, JOHN J.
STREET ADDRESS	2000 TANGLEWOOD DR.
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/25/05-80106-016 150.00

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #