

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # H98445

1. Entity Name
SARASOTA SUN COAST REAL ESTATE, INC.



Principal Place of Business
**1515 RINGLING BLVD
10TH FLOOR
SARASOTA, FL 34236 US**

Mailing Address
**P.O. BOX 3018
SARASOTA, FL 34230 US**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2675237

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKIPPER, J. RONALD
1515 RINGING BLVD
10TH FLOOR
SARASOTA, FL 34236**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BARON, DAVID J.
1515 RINGLING BLVD, 10TH FLOOR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FERGESON, JAMES O. JR.
1515 RINGLING BLVD, 10TH FLOOR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KEYSER, STEPHEN B.
1515 RINGLING BLVD, 10TH FLOOR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SKIPPER, J. RONALD
1515 RINGLING BLVD, 10TH FLOOR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TIRABASSI, E. RALPH
1515 RINGLING BLVD, 10TH FLOOR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000199243
01/27/05-80084-007 150.00

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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]

J. RONALD SKIPPER

1/25/05 (941) 957-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #