

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # J13916 1. Entity Name SARAH LOUISE, INC.					
Principal Place of Business 128 SARASOTA CENTER BLVD SARASOTA, FL 34240			Mailing Address 128 SARASOTA CENTER BLVD SARASOTA, FL 34240		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2679493			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GIVEN, DIANE C 128 SARASOTA CENTER BLVD. SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GIVEN, LEONARD R. 10/14 GREEN LANE ORMSKIRK, LA. ENGLAND,	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST GIVEN, DIANE C 128 SARASOTA CENTER BLVD SARASOTA, FL 34240	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV GALLOCK, JANICE D. 128 SARASOTA CENTER BLVD SARASOTA, FL 34240	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV BRYAN, SARAH L 128 SARASOTA CENTER BLVD SARASOTA, FL 34240	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
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.			U000000317425 04/20/05-80018-009 150.00		
SIGNATURE:			Date 04/20/05 Daytime Phone # 317965		