

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J41038			
1. Entity Name OVERSEAS DEVELOPMENT CORPORATION OF SARASOTA, INC.			
Principal Place of Business OVERSEAS DPMT CORP OF SARASOTA INC 786 SOUTH ORANGE AVE SARASOTA, FL 34236 US	Mailing Address OVERSEAS DPMT CORP OF SARASOTA INC 786 SOUTH ORANGE AVE SARASOTA, FL 34236 US		
DO NOT WRITE IN THIS SPACE			
		02102004 No Chg-P CR2E034 (10/03)	
		4. FET Number 59-2738529	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 SHOAF, MARGARET 2100 SOUTH TAMIAM TRAIL, STE 200 SARASOTA, FL 34239		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MAYR, FRITZ 786 S ORANGE AVE SARASOTA, FL	DO NOT WRITE IN THIS SPACE 000000094163 03/22/04-80048-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAYR, CHRISTIAN 786 S. ORANGE AVE. SARASOTA, FL 34236		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		03-11-04	94-951-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #