

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90068 019 \*\*\*150.00

**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**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2738529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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, 2007 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  
PSD  
MAYR, FRITZ  
786 S ORANGE AVE  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
MAYR, CHRISTIAN  
786 S. ORANGE AVE.  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-07

Date

941-951-6222

Daytime Phone #