


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K17842</b>	
1. Entity Name FLORIDA FINANCIAL CONSULTANTS OF SARASOTA, INC.	

Principal Place of Business 2100 CONSTITUTION BLVD #104 SARASOTA, FL 34231 US	Mailing Address 2100 CONSTITUTION BLVD #104 SARASOTA, FL 34231 US
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04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0075613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SNODELL, MARILYN 6643 MIDNIGHT PASS RD SARASOTA, FL 34242
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**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. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNODELL, MARILYN 2100 CONSTITUTION BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, SHARON A. 2100 CONSTITUTION BLVD SARASOTA, FL
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IN THIS SPACE**

U00000134486  
04/28/04-80029-002 150.00

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: Sharon A. Callahan SHARON A. CALLAHAN 9/25/04 941-921-4415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #