


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90124 035 \*\*\*150.00

<b>DOCUMENT # L19623</b>	
1. Entity Name <b>COMMISSARY SUPPLY OF SARASOTA, INC.</b>	

Principal Place of Business <b>4386 INDEPENDENCE CT SARASOTA, FL 34234 US</b>	Mailing Address <b>4386 INDEPENDENCE CT SARASOTA, FL 34234 US</b>
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**50051516**

2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04272005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0157042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SHAUL, DANIEL C. 10304 SPOONHILL RD WEST BRADENTON, FL 34209</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 *Daniel C Shaul* (NOTE: Registered Agent signature required when reinstating) DATE *5-9-05*

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: *Daniel C Shaul* (NOTE: Signature of signing officer or director)  
Date *5-9-05* Daytime Phone # *94-359-2448*