


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90157 045 \*\*\*150.00

<b>DOCUMENT # L80018</b> 1. Entity Name <b>SARACO ENTERPRISES, INC.</b>	
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Principal Place of Business <b>5217 - 14TH ST., W. BRADENTON, FL 34207 US</b>	Mailing Address <b>5217 - 14TH ST., W. BRADENTON, FL 34207 US</b>
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**24069056**



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0200775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JOHNSON, DAVID P ESQUIRE 2201 RINGLING BLVD. STE. 104 SARASOTA, FL 34237</b>
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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 \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DARBY, NANCY A. 6210 MEDICI CT #207 SARASOTA FL 34243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CHEN, MEL C. <i>73746</i> PRAIRIE DUNES DRIVE SARASOTA, FL <i>34238</i></b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LIZZIO, ALFRED T <i>8815</i> 215 REGENTS CT UNIVERSITY PARK, FL 34201</b>
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 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:** *Nancy Darby* **Nancy Darby**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/04 (941) 755-9449*  
Date Daytime Phone #