


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M85068 1. Entity Name MORNING STAR OF SARASOTA, INC.		
Principal Place of Business DBA GRABER CABINETS 1985 CATTLEMEN RD SARASOTA, FL 34232 US	Mailing Address DBA GRABER CABINETS 1985 CATTLEMEN RD SARASOTA, FL 34232 US	



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0055156	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 SABA, RICHARD D. 1390 MAIN ST. SUITE 824 SARASOTA, FL 34236	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

00000085590
03/11/04-80054-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHLEICHER, TODD A 904 SIMMONS AVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SCHLEICHER, PATRICIA 1364 WESTPORT LANE SARASOTA, FL 34232
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 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: Patricia Schleicher *Patricia Schleicher* 1-12-04 941-371-0392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #