

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # N06000001382

1. Entity Name  
GUITAR SARASOTA, INC.



Principal Place of Business  
1105 TAHITI PARKWAY  
SARASOTA, FL 34236

Mailing Address  
1105 TAHITI PARKWAY  
SARASOTA, FL 34236



01162008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1269091

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TURFFS, ROBERT E  
1444 FIRST STREET SUITE B  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

0000000842304  
03/11/08-80049-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KOCH, THOMAS
STREET ADDRESS	1105 TAHITI PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	WOLF, KURT
STREET ADDRESS	2331 GOLDENROD STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	TURFFS, ROBERT E
STREET ADDRESS	8889 ISHERMAN'S BAY DRIVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	AHECORN-KOCH, JENNIFER
STREET ADDRESS	1105 TAHITI PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	WIEDERSPIEL, JESSE
STREET ADDRESS	1651 BRIDGE STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	HOOVER, DAVID
STREET ADDRESS	3411 JAFFA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239

**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 617, 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: *Tom Koch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 25-08 941-362-2991