

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-06-2008 90032 029 \*\*\*\*61.25  
N06000011772

**DOCUMENT # N06000011772**  
1. Entity Name  
**SOCK ENTERPRISES, INC., A CONDOMINIUM**



**FILED**  
**Jul 29, 2008 8:00 A.M.**  
**Secretary of State**



1st MOORE CR2E037 (10/07)

Principal Place of Business Mailing Address  
2497 15TH STREET 2497 15TH STREET  
SARASOTA FL 34237 SARASOTA FL 34237

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **80-0136188** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ONEY, FLOYD**  
**2497 15TH STREET**  
**SARASOTA FL 34237**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state of application. (NOTE: Registered Agent signature required when returning.)

**FILE NOW. FEE IS \$61.25**  
**Due By May 1, 2008**  
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ONEY, FLOYD	
STREET ADDRESS	2497 15TH STREET	
CITY- ST- ZIP	SARASOTA FL 34237	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KELLER, JOHN	
STREET ADDRESS	2483 15TH STREET	
CITY- ST- ZIP	SARASOTA FL 34237	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TURNER, JASPER G	
STREET ADDRESS	2491 15TH STREET	
CITY- ST- ZIP	SARASOTA FL 34237	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANDT, PETER	
STREET ADDRESS	2497 15TH STREET	
CITY- ST- ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Floyd Oney* **2-23-08** **(941) 951-1012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #

KS