# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N07000011534

**Entity Name:** SARASOTA-MANATEE ORIGINALS, INC.

**Current Principal Place of Business:**

1259 S. TAMIAMI TRAIL
SUITE B
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1259 S. TAMIAMI TRAIL
SUITE B
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number: 26-1515127** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHAPMAN, JR., KENNETH D JR.
1920 GOLF STREET
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KLAUBER, MICHAEL P
Address: 1259 S. TAMIAMI TRAIL, SUITE B
City-St-Zip: SARASOTA, FL 34239

Title: VPD ( ) Delete
Name: KNEGGS, JEAN PIERRE
Address: 1287 FIRST STREET
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete
Name: KLAUBER, THOMAS
Address: 10670 BOARDWALK LOOP
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: SD ( ) Delete
Name: RODOCKER, ANGELA
Address: 111 GULF DR S
City-St-Zip: BRADENTON BEACH, FL 34217

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: OWEB-CIPIELEWSKI, BETH
Address: 5238 OCEAN BLVD
City-St-Zip: SIESTA KEY, FL 34242

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED ( ) Change (X) Addition
Name: ALLEN, ALICIA V
Address: 3980 KINGSTON DR
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA V. ALLEN MS. 04/30/2009

Electronic Signature of Signing Officer or Director — Date