

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # N40837

1. Entity Name  
SARASOTA ENVIRONMENTAL REPORT, INC.



Principal Place of Business  
7061 C SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231-5339

Mailing Address  
7061 C SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231-5339



07062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0227833

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDI, LES CPA  
7061 C SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231-5339

**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 September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLAND, GUY
STREET ADDRESS	1677 BAYWINDS LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	DAFFNER, RICHARD
STREET ADDRESS	323 AVENIDA DE PARADISO
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	PAGE, EDWARD
STREET ADDRESS	5400 OCEAN BLVD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000171542  
09/02/04-60005-022 61.25

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 July 2004 941.926.1946  
Date Daytime Phone #