2006 NOT, FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Mar 03, 2006 8:00 am **Secretary of State** DOCUMENT # N45507 1. Entity Name 03-03-2006 90128 044 ****61.25 THE SRQ CLUB, INC. Principal Place of Business Mailing Address P O BOX 49302 P O BOX 49302 SARASOTA FL 34230 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State _____ 4. FEI Number Applied For City & State 65-0287318 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON BURKE Street Address (P.O. Box Number is Not Acceptable) 2233 GROVE STREET SARASOTA FL 34239 0 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 SIGNATUR FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Addition TITLE LIVENGOOD, ROBERT NAME NAME 2235 DATURA STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-74P CITY-ST-ZIP # Addition Delete TITLE SUNBERG, RUDY NAME NAME 2205 ROBINSON AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ROBINSON, BURKE NAME NAME STREET ADDRESS 2233 GROVE STREET STREET ADDRESS CITY-ST-7IP SARASOTA FL 34239 CITY-ST-7/P ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 twe 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 ayachment with an address, with all other like empowered.

FILED