2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 08:00 Al Secretary of State

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|---|--|---|--|--|
| DOCUMENT # P0000014410 1. Entity Name INVICTA ENTERPRISES OF SARASOTA, INC. | | | | Secretary of State |
| { | | | | |
| Principal Plac | ce of Business | Mailing Address | 1 | |
| 4426 WILKII | | 5401 CENTRAL AVE. | | |
| SARASOTA, | FL 34231 - | SAINT PETERSBURG, FL 3371 | 10 | |
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| r | O NOT WRITE | IN THIS SDA | ^E | 02012006 No Chg-P CR2E034 (11/05) |
| 1 - | O NOT WINTE | III IIIIO OFA | CE | 4. FEI Number Applied For 52-2242113 Not Applicable |
| | | | | \$9.75 A 400 1 |
| | | | F | 5. Certificate of Status Desired Fee Required |
| | 6. Name and Address of Current Re | gistered Agent | | 940n. 4 i-24-3 |
| MCATEE, | | | | DO NOT WRITE |
| 5401 CENTRAL AVE. SAINT PETERSBURG, FL 33710 | | | | |
| SAINTI ETEKOBOKO, TE 33110 | | | | IN THIS SPACE |
| | | | | |
| 8. The above | named entity submits this statement for the | e purpose of changing its register | ! ed office or register | red agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligat | tions of registered agent. | | _ | , |
| SIGNATURE. | | | | |
| | Signature, typed or printed name of registered agent and | tille il applicable. (NOTE: Registere | d Agent signature required | when reinstating) DATE |
| FIL | E NOW!!! FEE IS \$150.00 | 9. Election Campaign Finar | ncing _ \$5. | .00 May Be ed to Fees |
| After M | ay 1, 2006 Fee will be \$550.00 | Trust Fund Contribution. | ☐ Add | ed to Fees |
| 10. | OFFICERS AND DIE | RECTORS | * | |
| BIRLE NAME | P FISHER, MARTIN | | · – · | and the second of the second o |
| STREET ADDRESS | 4426 WILKINSON RD | | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | | |
| TITLE | VP | | | 100000454140 |
| NAME STREET ADDRESS | FISHER, CAROLINE 4426 WILKINSON RD | | | 03/14//36-80049-016-150.00 |
| CATY-ST-ZIP | SARASOTA, FL 34231 | | 1 | |
| TITLE | | | • | |
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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 exprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an arteress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 06 924-2333