


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90006 004 \*\*\*150.00

<b>DOCUMENT # P00000028118</b>			
1. Entity Name <b>DREW OF SARASOTA, INC.</b>			
Principal Place of Business <b>740 ASH GROVE RD CAMBRIDGE NY 12816</b>		Mailing Address <b>740 ASH GROVE RD SUITE F CAMBRIDGE NY 12816</b>	
2. Principal Place of Business		3. Mailing Address <b>740 ASH GROVE RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>CAMBRIDGE, NY</b>	
Zip	Country	Zip <b>12816</b>	Country
4. FEI Number <b>65-0999520</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MILES, WILLIAM G 2050 PROCTOR RD SUITE F SARASOTA FL 34231</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when constituting)			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b>		<b>\$5.00</b> May Be Added to Fees	
<b>After May 1, 2006 Fee Will Be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, WILLIAM J 740 ASH GROVE RD CAMBRIDGE NY 12816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, DIANNE D 740 ASH GROVE RD CAMBRIDGE NY 12816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, DIANNE D 740 ASH GROVE RD CAMBRIDGE, NY 12816 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDY, RACHEL 740 ASH GROVE RD CAMBRIDGE NY 12816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, EMILY M 2050 PROCTOR RD., SUITE F SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, EMILY M 740 ASH GROVE RD CAMBRIDGE, NY 12816 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 507, 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:** WILLIAM J. MCENTEE William J. McEntee 2/6/06 (518) 677-5994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #