

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90028 031 ***150.00

DOCUMENT # P00000029030



1. Entity Name
JONET OF SARASOTA, INC.

Principal Place of Business
**9773 FRUITVILLE RD
SARASOTA, FL 34240**

Mailing Address
**9773 FRUITVILLE RD
SARASOTA, FL 34240**

40011403



2. Principal Place of Business
9773 FRUITVILLE RD

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012005 Chg-P CR2E034 (10/03)

City & State
SARASOTA

City & State

4. FEI Number
65-1004645

Applied For
Not Applicable

Zip
34240

Country
SARASOTA

Zip
34240

Country

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

6. Name and Address of Current Registered Agent

**LEWIS, KURT F
6624 GATEWAY AVENUE
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 **KURT F. LEWIS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **MANZO, JOE** ☐ Delete
STREET ADDRESS **9773 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE
NAME **ST MANZO, NETTIE V** ☐ Delete
STREET ADDRESS **9773 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **NETTIE V. MANZO** ☒ Change ☐ Addition
STREET ADDRESS **9773 FRUITVILLE RD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: **NETTIE V. MANZO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

Date

941-266-6266

Daytime Phone #