

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90265 015 ***150.00

DOCUMENT # P00000089672

1. Entity Name
THE CONDO STORE OF SARASOTA, INC.



Principal Place of Business
**4141 S. TAMiami TRAIL
SUITE 21
SARASOTA, FL 34231**

Mailing Address
**4141 S. TAMiami TRAIL
SUITE 21
SARASOTA, FL 34231**

94076286

2. Principal Place of Business
2205 FLOYD STREET
Suite, Apt. #, etc.

3. Mailing Address
2205 FLOYD STREET
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)



City & State
SARASOTA, FL
Zip
34239
Country
SARASOTA

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SARASOTA, FL
Zip
34239
Country
SARASOTA

4. FEI Number
65-1041490
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMS, DONALD H
2205 FLOYD STREET
SARASOTA, FL 34239**

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 **Don H. Sams** DATE **4/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 STREET ADDRESS CITY-ST-ZIP | P SAMS, DONALD 2205 FLOYD STREET SARASOTA, FL 34239 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: **Don H. Sams** DATE **4/27/04** DAYTIME PHONE # **941-266-4447**
Signature and typed or printed name of signing officer or director