

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90014 047 \*\*\*150.00

**DOCUMENT # P00000099209**



1. Entity Name  
**SARASOTA 100, INC.**

Principal Place of Business  
**100 WALLACE AVE, STE 310  
SARASOTA, FL 34237**

Mailing Address  
**100 WALLACE AVE, STE 310  
SARASOTA, FL 34237**

**54007454**



2. Principal Place of Business  
**3277 Fruitville Road**

3. Mailing Address  
**P.O. Box 15026**

Suite, Apt. #, etc.  
**Unit E**

Suite, Apt. #, etc.

02022004 Chg-P CR2E034 (10/03)

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

4. FEI Number  
**65-1062246**

Applied For  
Not Applicable

Zip  
**34237**

Country

Zip  
**34277**

Country

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

**6. Name and Address of Current Registered Agent**

**WILLIAM MOORE, STANLEY  
100 WALLAVE AVE  
SUITE 310  
SARASOTA, FL 34237**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3277 Fruitville Road, Unit E**  
City **Sarasota** **FL** Zip Code **34237**

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

*[Signature]*

**13 Feb 04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
WILLIAM MOORE, STANLEY  
100 WALLACE AVE STE 310  
SARASOTA, FL 34237** ☐ 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

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  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**3277 Fruitville Road, Unit E  
Sarasota, FL 34237**

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:

*[Signature]*  
**S.W. Moore, President**

**13 Feb 04**

**941-365-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #