

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000099209 1. Entity Name SARASOTA 100, INC.	
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Principal Place of Business 3277 FRUITVILLE ROAD UNIT E SARASOTA, FL 34237	Mailing Address P.O. BOX 15026 SARASOTA, FL 34277
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DO NOT WRITE IN THIS SPACE



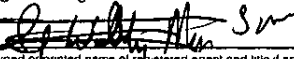
01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1062246	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAM MOORE, STANLEY 3277 FRUITVILLE ROAD, UNIT E SUITE 310 SARASOTA, FL 34237	DO NOT WRITE IN THIS SPACE
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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.

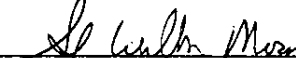
SIGNATURE: 
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 02/20/08-80048-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM MOORE, STANLEY 3277 FRUITVILLE ROAD, UNIT E SARASOTA, FL 34237
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**DO NOT WRITE
IN THIS SPACE**

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 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:  S.W. MOORE, PRESIDENT 941-365-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #