

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000104922

1. Entity Name
PRESTORESORTS.COM, INC.



Principal Place of Business
**20 ADAMS DR
SARASOTA, FL 34236**

Mailing Address
**1050 BEN FRANKLIN DRIVE
SARASOTA, FL 34236**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEATH, TOM L
1050 BEN FRANKLIN DRIVE
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEATH, TOM
STREET ADDRESS	1050 BEN FRANKLIN DR
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	S
NAME	BERRY, TRACY A
STREET ADDRESS	220 ADAMS DR N
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80043-016 150.00

**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:

Tom Heath **TOM HEATH**

2-13-08

941-650-1857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #