


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 023 ***150.00

DOCUMENT # P01000057276	
1. Entity Name WENDY ANNE EDMONSON OF SARASOTA, INC.	

Principal Place of Business 701 BROADWAY ST LONGBOAT KEY FL 34228-3499	Mailing Address 701 BROADWAY ST LONGBOAT KEY FL 34228-3499
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2. Principal Place of Business 660 LONGBOAT COURT	3. Mailing Address 660 LONGBOAT COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LONGBOAT KEY FL.	City & State LONGBOAT KEY FL
Zip 34228	Country U.S.A.



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent EDMONSON, WENDY A 701 BROADWAY ST LONGBOAT KEY FL 34228-3499	
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4. FEI Number 65-1114883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name WENDY A. EDMONSON	
Street Address (P.O. Box Number is Not Acceptable) 660 LONGBOAT COURT	
City LONGBOAT KEY	State FL
Zip Code 34228	

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 WENDY EDMONSON	<i>Wendy Edmonson</i>	DATE 4/1/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDMONSON, WENDY A 701 BROADWAY ST LONGBOAT KEY FL 34228-3499 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Wendy Edmonson</i> WENDY EDMONSON	Date 4/1/05	Daytime Phone # 941 383-9449
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