

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000062701

1. Entity Name
775, INC.



Principal Place of Business
3665 BEE RIDGE RD
#310
SARASOTA, FL 34233

Mailing Address
3665 BEE RIDGE RD
#310
SARASOTA, FL 34233



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1125378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRION, JAIME S
3665 BEE RIDGE RD #310
SARASOTA, FL 34233

**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**

U000000917992
05/13/08-80065-012 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARRION, JAIME S
STREET ADDRESS 3665 BEE RIDGE RD #310
CITY-ST-ZIP SARASOTA, FL 34233

TITLE P
NAME MORRIS, ROBERT JR
STREET ADDRESS PO BOX 5722
CITY-ST-ZIP SARASOTA, FL 34277

TITLE ST
NAME THOMAS, DORA MARIA C
STREET ADDRESS 3665 BEE RIDGE RD #310
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08
Date

941-923-4551
Daytime Phone #