

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000092405

1. Entity Name
DIAMOND TITLE OF SARASOTA, INC.



Principal Place of Business

2014 4TH STREET
SARASOTA, FL 34237

Mailing Address

2014 4TH STREET
SARASOTA, FL 3437

FILED

05 MAY -6 AM 10: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1140995

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROTOLO, LISA R
3614 65TH STREET EAST
BRADENTON, FL 34208

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ROTOLO, LISA R
STREET ADDRESS	2014 4TH STREET
CITY-ST-ZIP	SARASOTA, FL 34327
TITLE	V
NAME	IERULLI, PAM M
STREET ADDRESS	4738 CHARING CROSS ROAD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	ROTOLO, JAY
STREET ADDRESS	3614 65TH STREET EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400054011594
05/06/05--01060--014 **550.00

DO NOT WRITE
IN THIS SPACE

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-05 941-308-4853

Date

Daytime Phone #

519 MD