

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**



|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # P02000003621</b>  |  |  |   |
| 1. Entity Name<br><b>INDEPENDENT LIFESTYLES OF SARASOTA, INC.</b>   |  |  |   |
| Principal Place of Business<br><b>47 S PALM AVE STE 202<br/>SARASOTA FL 34236</b>   |  | Mailing Address<br><b>47 S PALM AVE STE 202<br/>SARASOTA FL 34236</b>  |   |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country                                  | Zip  | Country   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |   |
| <b>CURRIN, PETER T<br/>200 S ORANGE AVE<br/>SARASOTA FL 34236</b>   |  | Name   |   |
|   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
|   |  | City   |   |
|   |  | <b>FL</b>  | Zip Code  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                       |  |  |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 3, 2008<br/>Make Check Payable to Florida Department of State</b>   |  | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> |   |
|   |  | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE   | <b>P</b> <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>PETERS, CHAREESE</b>                  | NAME   |   |
| STREET ADDRESS  | <b>47 S. PALM AVE, STE 202</b>           | STREET ADDRESS   |   |
| CITY-ST-ZIP   | <b>SARASOTA FL 34236</b>                 | CITY-ST-ZIP  | <b>08/08/08-80002-010 158.75</b>                                  |
| TITLE   | <input type="checkbox"/> Delete          | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME   |   |
| STREET ADDRESS  |  | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete          | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME   |   |
| STREET ADDRESS  |  | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete          | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME   |   |
| STREET ADDRESS  |  | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete          | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME   |   |
| STREET ADDRESS  |  | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |   |

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:** Chareese Peters **8/3/08** **941-346-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #