
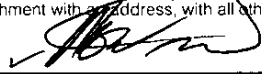


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90060 037 ***150.00

DOCUMENT # P02000020312			
1. Entity Name ABD SARASOTA, INC.			
Principal Place of Business 5555 NOB HILL ROAD SUNRISE, FL 33351		Mailing Address 5555 NOB HILL ROAD SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box # <i>6610 NW 66th Way</i>		3. Mailing Address <i>6610 NW 66th Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Parkland Fl</i>		City & State <i>Parkland Fl</i>	
Zip <i>33067</i>	Country <i>USA</i>	Zip <i>33067</i>	Country <i>USA</i>
4. FEI Number 03-0396888		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLARD, DANNY 5555 NOB HILL ROAD <i>2956 SE DUNE DRIVE</i> SUNRISE, FL 33351 <i>Stuart, FL 34906</i>		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLARD, DANNY <input type="checkbox"/> Delete <i>2956 SE DUNE DRIVE</i> <i>SUNRISE, FL 33351</i> <i>STUART FL 34906</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2956 SE DUNE DR</i> <i>STUART, FL 34906</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLARD, ALAN <input type="checkbox"/> Delete 5555 NOB HILL ROAD <i>6610 NW 66th Way</i> SUNRISE, FL 33351 <i>Parkland Fl 33067</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6610 NW 66th Way</i> <i>Parkland Fl 33067</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMBER, AFTAB A <input type="checkbox"/> Delete 10100 WEST SAMPLE ROAD SUITE 205 CORAL SPRINGS, FL 33065	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  <i>Alan B Willard VP</i>		Date: <i>1-31-08</i> 954 Daytime Phone #: <i>8301955</i>	