

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000023273

1. Entity Name
SUBCONSCIOUS OF SARASOTA, INC.



Principal Place of Business
**1303 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34236**

Mailing Address
**1303 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34236**



02282003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1531059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, STEVEN
1303 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34236**

**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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000161774
05/28/04-80004-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAILEY, STEVEN 1303 NORTH WASHINGTON BOULEVARD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAILEY, JANET 1303 NORTH WASHINGTON BOULEVARD SARASOTA, FL 34236
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**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)(f), 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

Steven F. Bailey

5/18/04 (941) 954-4281

Date Daytime Phone #