


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90056 048 ***150.00

DOCUMENT # P02000045177 1. Entity Name STEPHEN J. SARTORE ARCHITECT P.A.					
Principal Place of Business 2206 JO-AN DRIVE, #4 SARASOTA, FL 34231			Mailing Address 2206 JO-AN DRIVE, #4 SARASOTA, FL 34231		
2. Principal Place of Business 4481 MCINTOSH PARK DR.		3. Mailing Address 4481 MCINTOSH PARK DR.			
Suite, Apt. #, etc. 710		Suite, Apt. #, etc. 710			
City & State SARASOTA, FL.		City & State SARASOTA, FL.		4. FEI Number 04-3665590	
Zip 34232		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUSE, NORA 2206 JO-AN DRIVE, #4 SARASOTA, FL 34231			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME SARTORE, STEPHEN J		TITLE D/P/S/T	NAME SARTORE, STEPHEN J.	
STREET ADDRESS 5993 RACHELE DRIVE	STREET ADDRESS 5993 RACHELE DRIVE		STREET ADDRESS 4481 MCINTOSH PARK DR. #710	STREET ADDRESS 4481 MCINTOSH PARK DR. #710	
CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243		CITY-ST-ZIP SARASOTA, FL 34232	CITY-ST-ZIP SARASOTA, FL 34232	
TITLE P	NAME SARTORE, STEPHEN J		TITLE S	NAME SARTORE, STEPHEN J	
STREET ADDRESS 5993 RACHELE DR	STREET ADDRESS 5993 RACHELE DR		STREET ADDRESS 5993 RACHELE DR	STREET ADDRESS 5993 RACHELE DR	
CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243		CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243	
TITLE S	NAME SARTORE, STEPHEN J		TITLE T	NAME SARTORE, STEPHEN J	
STREET ADDRESS 5993 RACHELE DR	STREET ADDRESS 5993 RACHELE DR		STREET ADDRESS 5993 RACHELE DR	STREET ADDRESS 5993 RACHELE DR	
CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243		CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243	
TITLE T	NAME SARTORE, STEPHEN J		TITLE T	NAME SARTORE, STEPHEN J	
STREET ADDRESS 5993 RACHELE DR	STREET ADDRESS 5993 RACHELE DR		STREET ADDRESS 5993 RACHELE DR	STREET ADDRESS 5993 RACHELE DR	
CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243		CITY-ST-ZIP SARASOTA, FL 34243	CITY-ST-ZIP SARASOTA, FL 34243	
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 <u>Stephen J. Sartore</u> STEPHEN J. SARTORE 4/1/2004 (941) 812-5510					