


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000058829 1. Entity Name POTTER ENTERPRISES OF SARASOTA, INC.	
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Principal Place of Business 3911 DUNN DRIVE SARASOTA, FL 34233	Mailing Address 3911 DUNN DRIVE SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1434127	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S. TAMiami TRAIL SUITE 1 SARASOTA, FL 34231

**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: <u><i>Catherine L. Tracy</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT for Registered Agent signature required when reinstating)</small>	DATE: <u>1-7-04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTTER, MATTHEW S 3911 DUNN DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POTTER, SANDRA M 3911 DUNN DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POTTER, GARY 3911 DUNN DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u><i>Gary Potter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>GARY POTTER</u> <u>2-4-04</u> <u>941-371-8554</u> <small>(Date) Daytime Phone #</small>