

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000061132	
1. Entity Name SARASOTA CABANA INN, INC.	

Principal Place of Business 2525 S TAMiami TRAIL SARASOTA, FL 34239	Mailing Address 2525 S TAMiami TRAIL SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE

	
07022004 No Chg-P	CR2E034 (10/03)
4. FEI Number 02-0611766	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A
1432 FIRST STREET
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 _____ (NOTE: Registered Agent signature required when rechartering)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WITZER, MICHELE 2525 S TAMiami TRAIL SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESSBERG, RODNEY 2525 S TAMiami TRAIL SARASOTA, FL 34239
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07/22/04-80003-001 150.00

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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)(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: Rodney Dessberg 7-15-04 941 9550195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #