

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90003 020 ***550.00

DOCUMENT # P02000088792

1. Entity Name

PREMIER SERVICES OF SARASOTA, INC.



Principal Place of Business

**3654 RADNOR PLACE
SARASOTA FL 34232**

Mailing Address

**POST OFFICE BOX 18266
SARASOTA FL 34232**

04008554



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1525 North Linz Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34237

Country

USA

Country

4. FEI Number

20-0001068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GULSBY, JAMES F JR.
3654 RADNOR PLACE
SARASOTA FL 34232**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GULSBY, JAMES F JR.
STREET ADDRESS 3654 RADNOR PLACE
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VD ☐ Delete
NAME PLETSCH, HERMAN A JR.
STREET ADDRESS 3706 SPAINWOOD DRIVE
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **James F Gulsby Jr**

Pres

4/29/04 941 338 1991
Date Daytime Phone #