

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000113534	
1. Entity Name SARRAS ENT INC	

**FILED**

05 JUL -7 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 12009 STONE CROSSING CIRCLE TAMPA, FL 33635	Mailing Address 12009 STONE CROSSING CIRCLE TAMPA, FL 33635
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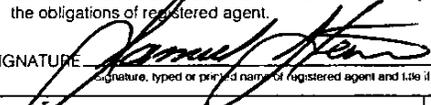
DO NOT WRITE IN THIS SPACE

07072005	No Chg-P	CR2E034 (10/03)
4. FEI Number 02-0650233	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STEVENS, SAMUEL 45 IMARI CIRCLE MIDWAY, FL 32343
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DO NOT WRITE  
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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:  DATE: 7-7-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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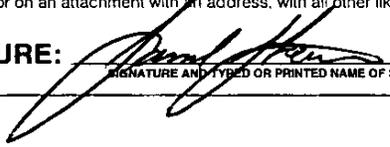
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, APRYL 12009 STONE CROSSING CIRCLE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, SAMUEL 45 IMARI CIRCLE MIDWAY, FL 32343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100057341151  
07/12/05--01026--008 \*\*150.00

DO NOT WRITE  
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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:  DATE: 7-7-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR