

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000113534

1. Entity Name
SARRAS ENT INC



Principal Place of Business
12009 STONE CROSSING CIRCLE
TAMPA, FL 33635

Mailing Address
12009 STONE CROSSING CIRCLE
TAMPA, FL 33635

FILED

05 JUL -7 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 ☐ \$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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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-05

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

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.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MERCER, APRYL
STREET ADDRESS 12009 STONE CROSSING CIRCLE
CITY-ST-ZIP TAMPA, FL 33635

TITLE D
NAME STEVENS, SAMUEL
STREET ADDRESS 45 IMARI CIRCLE
CITY-ST-ZIP MIDWAY, FL 32343

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100057341151
07/12/05--01026--008 **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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-05