


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000045870</b> 1. Entity Name <b>SARASOTA ANTIQUE MOTORS, INC.</b>	
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Principal Place of Business <b>4613 SOUTH TAMiami TRAIL SARASOTA, FL 34276</b>	Mailing Address <b>P.O. BOX 20589 SARASOTA, FL 34276</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0125038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**COOK, JOHN F ESQ.  
2033 WOOD STREET  
SUITE 220  
SARASOTA, FL 34237**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000584124 01/12/07-80025-007 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERN, ARNOLD P.O. BOX 20589 SARASOTA, FL 34276</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CARSITY, COLLEEN P.O. BOX 20589 SARASOTA, FL 34276</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BERN, ARNOLD P.O. BOX 20589 SARASOTA, FL 34276</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CASSIDY, COLLEEN P.O. BOX 20589 SARASOTA, FL 34276</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/07* **591 5245224**  
Date Daytime Phone #