

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000045870

1. Entity Name
SARASOTA ANTIQUE MOTORS, INC.



Principal Place of Business
**4613 SOUTH TAMiami TRAIL
SARASOTA, FL 34276**

Mailing Address
**P.O. BOX 20589
SARASOTA, FL 34276**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERN, ARNOLD
STREET ADDRESS	P.O. BOX 20589
CITY-ST-ZIP	SARASOTA, FL 34276

TITLE	VP
NAME	CARSITY, COLLEEN
STREET ADDRESS	P.O. BOX 20589
CITY-ST-ZIP	SARASOTA, FL 34276

TITLE	T
NAME	BERN, ARNOLD
STREET ADDRESS	P.O. BOX 20589
CITY-ST-ZIP	SARASOTA, FL 34276

TITLE	S
NAME	CASSIDY, COLLEEN
STREET ADDRESS	P.O. BOX 20589
CITY-ST-ZIP	SARASOTA, FL 34276

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #