


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085879

1. Entity Name
SARASOTA VILLAGE COMPANY



Principal Place of Business Mailing Address

**15395 GULF BLVD.
MADEIRA BEACH, FL 33708** **P.O. BOX 20055
BRADENTON, FL 34204**

DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0210850 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHIAVBNE, GEORGE A
15395 GULF BLVD.
SAINT PETERSBURG, FL 33708**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BALL, ROSEMARY 222 S. MULBERRY ST. MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BALL, FRANK 2222 S. MULBERRY ST. MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHIAVONE, GEORGE A P.O. BOX 20055 BRADENTON, FL 34204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS FOY, DOUGLAS J 222 S. MULBERRY ST. MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/24/06-80001-023 150.00

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: **DOUGLAS J. FOY** *Douglas J. Foy, Asst Secy* Date: **4-6-06** Daytime Phone # _____