2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000097326

1. Entity Name
VOLTA OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2127 RINGLING BLVD STE 102 SARASOTA, FL 34237	2127 RINGLING BLVD STE 102 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2392960
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVE WEST
BRADENTON, FL 34205-7508

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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
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
After May 1, 2006 Fee will be $550.00

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

U00000514971
04/29/06-80189-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIVOLTA, PIERO
STREET ADDRESS	215 ROBIN DRIVE
CITY-ST-ZIP	SARASOTA, FL 342361603
TITLE	DV
NAME	RIVOLTA, RENZO
STREET ADDRESS	1654 LAUREL STREET
CITY-ST-ZIP	SARASOTA, FL 342366812
TITLE	S
NAME	VENABLE, JOSEPH P
STREET ADDRESS	1400 4TH AVE WEST
CITY-ST-ZIP	BRADENTON, FL 342057508
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 an address, with all other like empowered.

SIGNATURE: Piero Rivolta 4-15-06 941-955-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #