


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90056 025 \*\*\*150.00

<b>DOCUMENT # P03000107453</b>					
1. Entity Name <b>SARASOTA IMPORT EXPORT, INC.</b>					
Principal Place of Business <b>4908 80TH AVENUE CR. EAST SARASOTA, FL 34243 US</b>			Mailing Address <b>4908 80TH AVENUE CR. EAST SARASOTA, FL 34243 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0441644</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LAMB, JEFFREY R. 868 106TH AVENUE NORTH NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	LEWIS, DAVID	TITLE		
NAME		4908 80TH AVENUE CR. EAST	NAME		
STREET ADDRESS		SARASOTA, FL 34243	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D	LEWIS, DAVID	TITLE		
NAME		4908 80TH AVENUE CR. EAST	NAME		
STREET ADDRESS		SARASOTA, FL 34243	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D	ROGAN, MICHAEL P	TITLE		
NAME		2325 GORDON DRIVE	NAME		
STREET ADDRESS		NAPLES, FL 34102	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Michael Rogan</i>		3/16/04		239-693-7070 x11	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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