



**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

4000000

<b>DOCUMENT # P03000114188</b>						<b>Secretary of State</b> 04-24-2006 90419 030 ***150.00	
1. Entity Name <b>PRIVATE CLIENTS OF SARASOTA, INC.</b>							
Principal Place of Business <b>460 BELLINI CIRCLE NOKOMIS, FL 34275</b>		Mailing Address <b>460 BELLINI CIRCLE NOKOMIS, FL 34275</b>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State				4. FEI Number <b>33-1071610</b>	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>BARON, ROBERT G 460 BELLINI CIRCLE NOKOMIS, FL 34275</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 reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Delete				Change Addition			
VP Denitto, Gary T. 3727 Pin Oaks St Sarasota FL 34232				Delete			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
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: 				4/14/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			