2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114188

1. Entity Name
PRIVATE CLIENTS OF SARASOTA, INC.

Principal Place of Business	Mailing Address
460 BELLINI CIRCLE NOKOMIS, FL 34275	460 BELLINI CIRCLE NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

04062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
33-1071610	Not Applicable

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

6. Name and Address of Current Registered Agent

BARON, ROBERT G
460 BELLINI CIRCLE
NOKOMIS, FL 34275

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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_____

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, 2007 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARON, ROBERT G
STREET ADDRESS	460 BELLINI CIRCLE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	DENITTO, GARY T
STREET ADDRESS	3727 PIN OAKS ST
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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05/01/07-80111-001 150.00

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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: _(signature)_   4/20/07   941-809-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #