

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061660

Entity Name: SIESTA KEY BUNGALOWS, INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

8212 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

## New Principal Place of Business:

## Current Mailing Address:

46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236

## New Mailing Address:

8212 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

FEI Number: 20-1002944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.  
46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

LUPER, ALBERT R PD  
2235 SHADOW LAKES DRIVE  
SARASOTA, FL 34240 US

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.

SIGNATURE: ALBERT R. LUPER

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LUPER, ALBERT R  
Address: 8212 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: VSTD ( ) Delete  
Name: LUPER, A. GAYLE  
Address: 8212 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. GAYLE LUPER

VSTD

04/18/2005

Electronic Signature of Signing Officer or Director

Date