2005 FOR PROFIT CORPORATION
ANNUAL REPORT

3/1

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-15-2005 90037 046 ***150.00

DOCUMENT # P04000073907

1. Entity Name
CAST OF SARASOTA, INC.

Principal Place of Business	Mailing Address
6866 SHIMMERING DR. LAKELAND, FL 33813	6866 SHIMMERING DR. LAKELAND, FL 33813

bb009944

01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3174 GULF OF MEXICO DR	3174 GULF OF MEXICO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGBOAT KEY FL	City & State: LONGBOAT KEY, FL.
Zip: 34228-2925 Country: SARASOTA	Zip: 34228-2925 Country: SARASOTA

4. FEI Number 20-1153303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, CHRISTINE A
~~6866 SHIMMERING DR.~~ 23309 W. 46th STREET
~~LAKELAND, FL 33813~~ SHAWNEE, KS 66226

7. Name and Address of New Registered Agent

Name: JERRY L. BUSIERE
Street Address (P.O. Box Number is Not Acceptable): 4503 15th ST. CT. E.
City: ELLENTON FL Zip Code: 34222

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: Jerry L. Busiere 4/
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D ☐ Delete TUCKER, STEPHEN P ~~6866 SHIMMERING DR.~~ 23309 W. 46th STREET ~~LAKELAND, FL 33813~~ SHAWNEE, KS 66226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TUCKER, CHRISTINE A ~~6866 SHIMMERING DR.~~ 23309 W. 46th STREET ~~LAKELAND, FL 33813~~ SHAWNEE, KS 66226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Christine A Tucker (Christine A. Tucker) 3/7/05 941-238-8462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #