

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90125 035 ***150.00

DOCUMENT # P04000092095

1. Entity Name
THE ACHIEVEMENT CENTER OF SARASOTA, INC.



Principal Place of Business
**2108 ROBINSON AVENUE
SARASOTA, FL 34232**

Mailing Address
**2108 ROBINSON AVENUE
SARASOTA, FL 34232**

50034216



2. Principal Place of Business
1999 Lincoln Drive

3. Mailing Address
1999 Lincoln Drive

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

04022005 Chg-P CR2E034 (10/03)

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
20-1279127

Applied For
☐ Not Applicable

Zip Country
34236 USA

Zip Country
34236 USA

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

6. Name and Address of Current Registered Agent

**VOIGT, STEPHEN F ESQ
VOIGHT & VOIGHT PA
2042 BEE RIDGE ROAD
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name **Jack Winner**

Street Address (P.O. Box Number is Not Acceptable)

1999 Lincoln Drive, Suite 201

City **Sarasota**

FL

Zip Code **34236**

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 **Jack Winner** **JACK D. WINNER, DIRECTOR**

4.03.05

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

TITLE **PS** ☐ Delete
NAME **WHATLEY, KAREN**
STREET ADDRESS **2108 ROBINSON AVENUE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **VT** ☐ Delete
NAME **WINNER, JACK**
STREET ADDRESS **2108 ROBINSON AVENUE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1999 Lincoln Drive, Suite 201**
CITY-ST-ZIP **34236**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1999 Lincoln Drive, Suite 201**
CITY-ST-ZIP **34236**

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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: **Karen Whatley** **Karen Whatley**

4/2/05

941.365.3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #