

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90096 014 ***155.00

DOCUMENT # P04000135112

1. Entity Name
SIESTA KEY HARDWARE, INC.



Principal Place of Business

302 SEA ANCHOR DR
OSPREY, FL 34229

Mailing Address

302 SEA ANCHOR DR
OSPREY, FL 34229

50022687

2. Principal Place of Business

215 Canal Road
Suite, Apt. #, etc.

3. Mailing Address

215 Canal Road
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242

Country

Zip

34242

Country

01132005

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0825299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTE, BALLARD
302 SEA ANCHOR DR
OSPREY, FL 34229

7. Name and Address of New Registered Agent

Name

LEVITT, SANDY ALAN

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

2201 Ringling Boulevard Suite 203

City

Sarasota

FL

Zip Code

34237

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]
Signature, typed or printed name of registered agent and title if applicable.

SANDY LEVITT

(NOTE: Registered Agent signature required when reinstating)

2/2/05

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 **D** ☒ Delete
NAME **BRUHL, ROBERT**
STREET ADDRESS **824 EDMERE LANE**
CITY-ST-ZIP **SARASOTA, FL 34242**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P,D** ☐ Change ☒ Addition
NAME **Jarolin, Sean**
STREET ADDRESS **12419 Aster Avenue**
CITY-ST-ZIP **Bradenton, FL 34212**

TITLE **VP,S,T,D** ☐ Change ☒ Addition
NAME **Stahnke, Elmer**
STREET ADDRESS **6615 Tailfeather Way**
CITY-ST-ZIP **Bradenton, FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]*

Sean Jarolin

Date

Daytime Phone #

12-25-05 941-349-0332