

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 002 ***150.00

DOCUMENT # P04000155944

1. Entity Name
SARASOTA CELTS, INC.



Principal Place of Business
**1064 MALLARD MARSH DRIVE
OSPNEY, FL 34229 US**

Mailing Address
**1064 MALLARD MARSH DRIVE
OSPNEY, FL 34229 US**

60018733



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0215863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JUDD, STEVEN H
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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 **D**
NAME **LEWIS, MICHAEL**
STREET ADDRESS **1064 MALLARD MARSH DRIVE**
CITY-ST-ZIP **OSPNEY, FL 34229**

TITLE **D**
NAME **LEWIS, SHEILA**
STREET ADDRESS **1064 MALLARD MARSH DRIVE**
CITY-ST-ZIP **OSPNEY, FL 34229**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.G. LEWIS

2/19/07

Date

941 346 1797

Daytime Phone #