

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90045 019 ***150.00

DOCUMENT # P05000024932

1. Entity Name
SARASOTA RESTAURANT CORP.



Principal Place of Business
5033 ROBINSON ROAD
SARASOTA, FL 34233 US

Mailing Address
POB 1291
OSPNEY, FL 34229 US

40000



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2342433

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWMAN, DAVID G JR
22 SOUTH TUTTLE AVENUE
3
SARASOTA, FL 34237

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME KODRA, PERPARIM
STREET ADDRESS 5033 ROBINSON ROAD
CITY-ST-ZIP SARASOTA, FL 34233

TITLE VP
NAME KODRA, GEZIM
STREET ADDRESS 5714 OAKTON CT.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ST
NAME KODRA, AGIM
STREET ADDRESS 248 PAVOR TRACE BLVD
CITY-ST-ZIP OSPNEY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone

2-20-08

941-380-8969