



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 022 \*\*\*150.00

<b>DOCUMENT # P05000049929</b> 1. Entity Name <b>SAN MARCO DEVELOPMENT COMPANY OF SARASOTA, INC.</b>					
Principal Place of Business <b>8374 MARKET STREET 519 LAKEWOOD RANCH, FL 34202</b>				Mailing Address <del>8374 MARKET STREET</del> <del>519</del> <del>LAKEWOOD RANCH, FL 34202</del>	
2. Principal Place of Business - No P.O. Box # <b>1819 Main Street</b>		3. Mailing Address <b>1819 Main Street</b>		 04092008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. <b># 207</b>		Suite, Apt. #, etc. <b># 207</b>			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34236</b>		Country <b>Sarasota</b>		4. FEI Number <b>20-2772891</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>MOYER, GARY H</b> <input type="checkbox"/> Delete <del>8374 MARKET STREET, #519</del> <del>LAKEWOOD RANCH, FL 34202</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1819 Main Street #207</b> <b>Sarasota, FL 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <b>COOK, KAREN</b> <input type="checkbox"/> Delete <del>8374 MARKET STREET, #519</del> <del>LAKEWOOD RANCH, FL 34202</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1819 Main Street #207</b> <b>Sarasota, FL 34236</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Karen Cook</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-18-08</u> <small>Date</small>		
<small>Daytime Phone #</small>					