


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-14-2006 90015 008 ***15.00
03-30-2006 90016 041 ***135.00

| | | | | | |
|--|--|------------------------------------|---|---|--|
| DOCUMENT # P05000087322 | | | |  | |
| 1. Entity Name T & T OF SARASOTA, INC. | | | | | |
| Principal Place of Business 128 GOLDEN GATE POINT SUITE 302 SARASOTA FL 34236 | | | Mailing Address 128 GOLDEN GATE POINT SUITE 302 SARASOTA FL 34236 | | |
| 2. Principal Place of Business 1411 1st STREET Suite, Apt. #, etc. | | | 3. Mailing Address 1411 1st ST. Suite, Apt. #, etc. | | |
| City & State SARASOTA FL | | City & State SARASOTA FL | | 4. FEI Number 20-3043528 | |
| Zip 34236 | | Country SARASOTA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GANS, RICHARD R 1515 RINGLING BLVD 10TH FLOOR SARASOTA FL 34236 | | | | 7. Name and Address of New Registered Agent Name RICHARD HEIBEL Street Address (P.O. Box Number is Not Acceptable) 1411 1st ST. 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 <u><i>Richard Heibel</i></u> DATE <u><i>2/28/06</i></u> <small>Signature typed or printed name of registered agent not applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PRESIDENT <input type="checkbox"/> Delete NAME GERALDINE HEIBEL STREET ADDRESS 1411 1st ST. CITY-ST-ZIP SARASOTA FL 34236 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE SEC-TREAS <input type="checkbox"/> Delete NAME RICHARD HEIBEL STREET ADDRESS 1411 1st ST. CITY-ST-ZIP SARASOTA, FL 34236 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Richard Heibel</i></u> | | | | <u><i>2/28/06</i></u> <u><i>941-366-7027</i></u> <small>Daytime Phone #</small> | |