

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077305

Entity Name: CISTERNs OF SARASOTA, INC

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

39 TREE ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3119 CLARK RD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 26-0490756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, FRASER
39 TREE ROAD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIES, FRASER
Address: 39 TREE RD
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: MORRIS, PHILLIP
Address: 1080 WILLIS AVE
City-St-Zip: SARASOTA, FL 34232

Title: S/T () Delete
Name: CAWLEY, JAMES M SR
Address: 2701 GREENDALE DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRAZIER DAVIES

P

01/24/2008

Electronic Signature of Signing Officer or Director

Date