

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000098209

Entity Name: SARAHSON INC

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4333 LYNX PAW TRAIL  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

4333 LYNX PAW TRAIL  
VALRICO, FL 33596 US

**New Mailing Address:**

FEI Number: 27-1437026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DARREN, HOSMER P  
4333 LYNX PAW TRAIL  
VALRICO, FL 33596 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

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: HOSMER, DARREN  
Address: 4333 LYNX PAW TRAIL  
City-St-Zip: VALRICO, FL 33596 US

Title: VP  
Name: HOSMER, CHRISTINE  
Address: 4333 LYNX PAW TRAIL  
City-St-Zip: VALRICO, FL 33596 US

I hereby 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 all other like empowered.

SIGNATURE: DARREN HOSMER

PRES

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date