

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000006691

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** SARASOTAFORECLOSURES.COM INC

**Current Principal Place of Business:**

309 JOHN RINGLING BLVD  
SARASOTA, FL 34236

**New Principal Place of Business:**

5700 MIDNIGHT PASS RD #1  
SARASOTA, FL 34242

**Current Mailing Address:**

309 JOHN RINGLING BLVD  
SARASOTA, FL 34236

**New Mailing Address:**

5700 MIDNIGHT PASS RD #1  
SARASOTA, FL 34242

**FEI Number:** 27-1728142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBINSON, ADAM  
309 JOHN RINGLING BLVD  
SARASOTA, FL 34236 US

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

ROBINSON, ADAM  
5700 MIDNIGHT PASS RD #1  
SARASOTA, FL 34242 US

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:** ADAM ROBINSON

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROBINSON, ADAM  
**Address:** 5700 MIDNIGHT PASS RD #1  
**City-St-Zip:** SARASOTA, FL 34242

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:** ADAM ROBINSON

P

04/16/2012

Electronic Signature of Signing Officer or Director

Date