2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043921

1. Entity Name
DR. DETAIL OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2212 VINTAGE STREET SARASOTA, FL 34240	2212 VINTAGE STREET SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

01232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0420057	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROYER, JANE
2212 VINTAGE ST.
SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U0000020585n
01/31/05-80061-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P	
NAME	TROYER, BRUCE	
STREET ADDRESS	2212 VINTAGE STREET	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	ST	
NAME	TROYER, JANE	
STREET ADDRESS	2212 VINTAGE STREET	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Jane Troyer_ JANE TROYER Sec/Treasurer 1-29-05 941-377-7758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #