


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr-24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000043921
 1. Entity Name
 DR. DETAIL OF SARASOTA, INC.



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

DO NOT WRITE IN THIS SPACE



03152006 No Chg-P CR2E034 (11/05)

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

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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 resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-21-06 941-343-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #