


**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
2212 VINTAGE STREET
SARASOTA, FL 34240

Mailing Address
2212 VINTAGE STREET
SARASOTA, FL 34240



03152006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0420057 Applied For
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80116-023 150.00

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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 #