


FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90029 009 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000050281			
1. Entity Name SARASOTA COMMERCIAL REALTY, INC.			
Principal Place of Business 15 CROSSROADS SUITE 173 SARASOTA, FL 34239 US		Mailing Address 15 CROSSROADS SUITE 173 SARASOTA, FL 34239 US	
2. Principal Place of Business - No P.O. Box # 3860 AFTON CIR Suite, Apt. #, etc.		3. Mailing Address 3860 AFTON CIR Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34233 Country USA		City & State SARASOTA, FL Zip 34233 Country	
6. Name and Address of Current Registered Agent FULLER, GEORGE R 15 CROSSROADS SUITE 173 SARASOTA, FL 34239 ADDRESS CHG. ONLY		7. Name and Address of New Registered Agent Name FULLER, GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 3860 AFTON CIR City SARASOTA FL Zip Code 34233	
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: <u>George J. Fuller</u> (NOTE: Registered Agent signature required when reissuing) May 15, 2007 DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, GEORGE R 45 CROSSROADS #173 SARASOTA, FL 34239 ADDRESS CHG. ONLY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fuller, George R. 3860 AFTON CIR Sarasota, FL 34233 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>George J. Fuller</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		May 15, 2007 941-928-6215 DATE Daytime Phone #	