

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000060130

Entity Name: BELL OF SARASOTA, INC.

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

2020 MILL TCE  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2020 MILL TCE  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 65-0433063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ASTRONSKAS, CATHERINE L  
5900 S., TAMIAMI TRAIL  
COTTONDALE, FL 32431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BELL, DONALD M  
Address: 250 TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34237

Title: DPT ( ) Delete  
Name: BELL, ANNE C  
Address: 250 TUTTLE AVE  
City-St-Zip: SARASOTA, FL

Title: S ( ) Delete  
Name: DRUMMOND, ELAINE  
Address: 250 N TUTTLE AVE  
City-St-Zip: SARASOTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNE C BELL

DPT

04/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date