

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000060130

Entity Name: BELL OF SARASOTA, INC.

FILED
Apr 30, 2009
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:

TRACY, CATHERINE L
2058 CONSTITUTION BLVD.
SARASOTA, FL 32431 US

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: CATHERINE L TRACY

04/30/2009

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: VP (X) Change () Addition
Name: BELL, DONALD M
Address: 2020 MILL TCE
City-St-Zip: SARASOTA, FL 34231

Title: DPT (X) Change () Addition
Name: BELL, ANNE C
Address: 2020 MILL TCE
City-St-Zip: SARASOTA, FL 34231

Title: S (X) Change () Addition
Name: DRUMMOND, ELAINE
Address: 2020 MILL TCE
City-St-Zip: SARASOTA, FL 34231

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date