
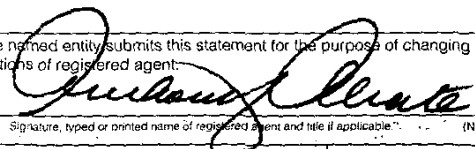
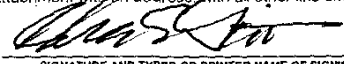


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P94000023294</b> 1. Entity Name <b>SARASOTA BAY HOTEL, INC.</b>					
Principal Place of Business <b>1258 NORHT PALM AVENUE SARASOTA, FL 34236 US</b>		Mailing Address <b>1258 NORHT PALM AVENUE SARASOTA, FL 34236 US</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>65-0498568</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>WILLIS, ALAN 1258 NORTH PALM AVE. SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Anthony J. Abate</b> Street Address (P.O. Box Number is Not Acceptable) <b>240 S. Pineapple Avenue</b> <b>10th Floor</b> City <b>Sarasota</b> FL Zip Code <b>34236</b>		
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  DATE <b>9/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GITHLER, CHARLES E III 1258 NORTH PALM AVENUE SARASOTA, FL 34236	<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	VSTD WILLIS, ALAN 1258 NORTH PALM AVENUE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300041322443</b> <b>09/24/04--01050--022 ***61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KANE, DANIEL 1258 NORTH PALM AVENUE SARASOTA, FL 34236	<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	CD KANE, STANLEY B 1258 NORTH PALM AVENUE SARASOTA, FL 34236	<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 exemption stated in Section 119.07(3)(i), 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: 		<b>Charles E. Githler, III</b> <b>President</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <b>9/3/04</b>		<small>Daytime Phone #</small> <b>941 955 0323</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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