


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000053169 1. Entity Name ACCESS OF SARASOTA, INC.	
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Principal Place of Business 7061 SOUTH TAMiami TRAIL SARASOTA, FL 34231	Mailing Address 7061 SOUTH TAMiami TRAIL SARASOTA, FL 34231
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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0506057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARDI, LES CPA
7061 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BLACK, MARIE D 3947 LEMONWOOD DR. SARASOTA, FL 342323332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, ROBERT J 3947 LEMONWOOD DR. SARASOTA, FL 342323332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/28/04-80004-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Marie D. Black V.P. Marie D. Black V.P. 4/27/2004 (941) 924-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #