

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000053169

1. Entity Name  
ACCESS OF SARASOTA, INC.



Principal Place of Business  
7061 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231

Mailing Address  
7061 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0506057 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

000000345061  
04/30/05-80020-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	BLACK, MARIE D
STREET ADDRESS	3947 LEMONWOOD DR.
CITY-ST-ZIP	SARASOTA, FL 342323332
TITLE	P
NAME	BLACK, ROBERT J
STREET ADDRESS	3947 LEMONWOOD DR.
CITY-ST-ZIP	SARASOTA, FL 342323332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2005 941-924-6160  
Date Daytime Phone #