2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 17, 2004 08:00 AM Secretary of State DOCUMENT # P95000049468 S & K OF SARASOTA, INC. Principal Place of Business Mailing Address 1901 HANSEN STREET 1901 HANSEN STREET SARASOTA, FL 34231 SARASOTA, FL 34231 05102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0590285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DEAN, JUDITH ANN DO NOT WRITE 1901 HANSEN STREET SARASOTA, FL 34231 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 life if applicable (NOTE Registered Agent signature required when relinstating) DATE in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE COHEN, LAWRENCE U00000150719 NAME 05/17/04-80010-018 150.00 STREET ADDRESS 1901 HANSEN ST SARASOTA, FL 34231 CITY-ST-7IP SITEE SEAS.AF. STREET ADDRESS C3TY+ST-Z3P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 invested 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 mile all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR