

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000054421

1. Entity Name

TWO SENORITAS OF SARASOTA, INC.



Principal Place of Business

1355 MAIN ST
SARASOTA, FL 34236 US

Mailing Address

1355 MAIN ST
SARASOTA, FL 34236 US



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0596284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THEODORE
2033 MAIN STREET, STE. 100
SARASOTA, FL 34237

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME WOODRUFF, CHERYL
STREET ADDRESS 1355 MAIN ST
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME WOODRUFF, MARK
STREET ADDRESS 3889 CANOPY WAY
CITY-ST-ZIP SARASOTA, FL 34235

TITLE
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CITY-ST-ZIP

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05/12/06-80030-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Cheryl Woodruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL WOODRUFF 4-28-06

Date

Daytime Phone #