


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90117 021 ***150.00

DOCUMENT # P95000085104

1. Entity Name
SALLY A. TROUT A.S.I.D., INC.



Principal Place of Business
**1272 N. PALM AVE
 SARASOTA, FL 34236**

Mailing Address
**PO BOX 3319
 SARASOTA, FL 34230 US**

2. Principal Place of Business
**SALLY A. TROUT A.S.I.D.
 75 COCOANUT AVENUE
 SARASOTA, FLORIDA 34236**

3. Mailing Address
**SALLY A. TROUT A.S.I.D.
 75 COCOANUT AVENUE
 SARASOTA, FLORIDA 34236**

4. FEI Number
65-0626141

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



03152006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**TROUT, SALLY ANN
 1272 N. PALM AVE
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
 Name **Sally Ann Trout**
 Street Address (P.O. Box Number is Not Acceptable)
75 Cocconut Ave
 City **Sarasota** **FL** Zip Code **34236**

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TROUT, SALLY A 1272 N. PALM AVE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3/27/06 941 953-4418**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #