


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90172 021 \*\*\*150.00

<b>DOCUMENT # P96000004930</b> 1. Entity Name PICTURE WAREHOUSE OF SARASOTA, INC.					
Principal Place of Business 8660 S TAMiami TRAIL SUITE C SARASOTA, FL 34239			Mailing Address 15495 TAMiami TRIAL NORTH, #121 NAPLES, FL 34110		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0633905	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  PALINCHAK, STEPHEN L 15495 TAMiami TRIAL NORTH, #121 NAPLES, FL 34110				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SD COMERIATO, ROBERT S 1912 PRINCESS CIR NAPLES, FL 34110			SD DANIEL, ALVO 13220 CORBEL CIRCLE APT 1014 FORT MYERS, FL 33907		
VPDT PALINCHAK, STEPHEN L 2255 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110			29280 S. JONES Loop Rd. Punta Rorda FL 33950		
SD DANIEL, ALVO 13220 CORBEL CIRCLE APT 1014 FORT MYERS, FL 33907			SD DANIEL, ALVO 13220 CORBEL CIRCLE APT 1014 FORT MYERS, FL 33907		
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