


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 036 ***150.00

DOCUMENT # P96000004930	
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
---	--

40009765

2. Principal Place of Business 8660 S. TAMiami Trail Suite, Apt. #, etc. Suite C City & State SARASOTA, FL Zip 34239 Country USA	3. Mailing Address 2700 IMMOKALEE Rd Suite, Apt. #, etc. # 16 City & State NAPLES, FL Zip 34110 Country USA
---	--



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0633905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 STEPHEN L PALINCHAK Street Address (P.O. Box Number is Not Acceptable) 2700 IMMOKALEE Rd # 16 City NAPLES FL Zip Code 34110	

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: STEPHEN L. PALINCHAK Stephen L. Palinchak DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD COMERIATO, ROBERT S 1912 PRINCESS CIR NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT PALINCHAK, STEPHEN L 2255 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, ALVO 29280 S. JONES LOOP RD. PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEPHEN L. PALINCHAK Stephen L. Palinchak Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR