2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM DOCUMENT # P96000025407 **Secretary of State** 1. Entity Name SWIMMASTERS OF SARASOTA, INC. Principal Place of Business Mailing Address 392 W ROSSETTI DR NOKOMIS FL 34275 392 W ROSSETTI DR NOKOMIS FL 34275 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Fu 4. FEI Number 65-0658510 Not Applied \$8.75 Additional Zιρ Country Zip Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, STEVE Street Address (P.O. Box Number is Not Acceptable) 392 W ROSSETTI DR NOKOMIS FL 34275 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. DATE Signature, typed or contod name of registered agent and title if applicable (NOTE Registered Agent signature required when revistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ AddSi ☐ Detete RILE NAME BECK, MAUREEN T NAME U00000405681 92/07/06-80049-012 150.00 STREET ADDRESS STREET ADDRESS 392 WEST ROSSETTI DRIVE CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 Change ☐ Delete 1353 F TITLE NABSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-209 ☐ Change Artific TiTLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-TIP City SI-20 ☐ Marie ☐ Change Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS City-St-21P CITY-ST-70 Change ☐ Additio Oelele THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-INF ☐ Change ☐ Additio ☐ Delete RITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP C/TY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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

TUBSURER

SIGNATURE:

FILED

1/24/06 941 918 9206