

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

06-17-2004 90001 042 \*\*\*150.00

**DOCUMENT # P96000027238**

1. Entity Name  
D & R PROPERTIES OF SARASOTA, INC.



Principal Place of Business  
1231 SECOND STREET  
SARASOTA, FL 34236 US

Mailing Address  
1231 SECOND STREET  
SARASOTA, FL 34236 US

04057703



2. Principal Place of Business  
2077 Misty Sunrise Tr  
Suite, Apt. #, etc.

3. Mailing Address  
2077 Misty Sunrise Tr  
Suite, Apt. #, etc.

06142004 Chg-P CR2E034 (10/03)

City & State  
Sarasota FL  
Zip  
34240  
Country  
USA

City & State  
Sarasota, FL  
Zip  
34240  
Country  
USA

4. FEI Number  
65-0758073  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NORTHUP, RONALD S  
2900 CHEROKEE TERRACE  
SARASOTA, FL 34239

**7. Name and Address of New Registered Agent**

Name  
Susan Kral  
Street Address (P.O. Box Number is Not Acceptable)  
2077 Misty Sunrise Tr  
City  
Sarasota FL Zip Code  
34240

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 *S.M. Kral*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

6/14/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHUP, RONALD S 1231 SECOND STREET SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Northup, Ronald S 3247 Enclave Bay Dr Chattanooga, TN 37415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *R. Northup*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04 941-378-5952  
Date Daytime Phone #