## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P96000027238 03-21-2006 90030 035 \*\*\*150.00 D & R PROPERTIES OF SARASOTA, INC. Principal Place of Business Mailing Address 2077 MISTY SUNRISE TRAIL 2077 MISTY SUNRISE TRAIL SARASOTA, FL 34240 SARASOTA, FL 34240 US 3. Mailing Address Suite, Apt. #, etc. 02282006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 65-0758073 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAL, SUSAN Street Address (P.O. Box Number is Not Acceptable) 2077 MISTY SUNRISE TRAIL SARASOTA, FL 34240 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **□** Change NORTHUP, RONALD S NAME NAME 3217 Enclave Bay Dr STREET ADDRESS 3247 ENCLARE BAY DR STREET ADDRESS CITY-ST-ZIP CHATTANOOGA, TN 37415 CITY-ST-ZIP TITLE ☐ Defete TITLE \_\_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 peport 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 of 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 yith all other like empowered. SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 21, 2006 8:00 am