## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000083051

Entity Name: THE WINE CLUB OF SARASOTA, INC.

FILED Mar 29, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
4607 S. TAMIAMI TR. SARASOTA, FL 34231				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
3624 NW 97 BLVD. GAINESVILLE, FL 32606				
FEI Number: 59-3406395	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DORN, THOMAS C 3624 NW 97 BLVD. GAINESVILLE, FL 32606		DORN, MELINDA 3624 NW 97 BLVD. GAINESVILLE, FL 3260	06	
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.				
SIGNATURE: MELINDA	DORN		03/29/2004	
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: T ()	Delete	Title: T (	X) Change()Addition	

DORN, MELINDA P DORN, MELINDA Name: Name: 3624 NW 97 BLVD Address: 3624 NW 97 BLVD Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change () Addition ALBERDI, TIM Name: Name: Address: 2725 N. RIDGEWOOD AVE. Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: DORN, THOMAS C Name: Address: 3624 NW 97 BLVD. Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA DORN T 03/29/2004