


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90320 031 ***150.00

DOCUMENT # P97000002445	
1. Entity Name SARASOTA COMMERCIAL MANAGEMENT, INC.	

Principal Place of Business 1937 GOLF STREET SARASOTA, FL 34236	Mailing Address 1937 GOLF STREET SARASOTA, FL 34236
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2. Principal Place of Business 711 S. Osprey Ave	3. Mailing Address 711 S. Osprey Ave
Suite, Apt. #, etc. STE 1	Suite, Apt. #, etc. STE 1

City & State Sarasota FL	City & State Sarasota FL
Zip 34236	Country USA
Zip 34236	Country USA



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0729267		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 PARKER, MINDY K 1937 GOLF STREET SARASOTA, FL 34236		
7. Name and Address of New Registered Agent Name Mindy K Parker Street Address (P.O. Box Number is Not Acceptable) 711 S. Osprey Ave Ste 1 City Sarasota FL Zip Code 34236		

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 *Mindy K Parker* DATE 4/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, MINDY K 1937 GOLF STREET SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mindy Parker 711 S. Osprey Ave Sarasota, FL 34236 <input checked="" 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
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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 exemptions contained in Chapter 119, 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: *Mindy K Parker* DATE 4/19/06 DAYTIME PHONE # 941-754-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR