## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Feb 24, 2005 08:00 AM **DOCUMENT # P97000024004 Secretary of State** t. Entity Name EXPLORING SARASOTA, INC. Principal Place of Business \_\_\_\_\_ Mailing Address 5036 INVERNESS DR 5036 INVERNESS DR SARASOTA, FL 34243 SARASOTA, FL 34243 US 02132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0735465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HONROTH, TERRY W DO NOT WRITE 5036 INVERNESS DR SARASOTA, FL 34243 IN THIS SPACE 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 Registored Agent signature required when rematating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS P TITLE U00000242123 HONROTH, ANDREA J NAME U2/24/05-80074-006 150.00 STREET ADDRESS 5036 INVERNESS DR CITY-ST-ZIP SARASOTA, FL 34243 VP TITLE HONROTH, TERRY W 5036 INVERNESS DR STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-5T-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 eddress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**