


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P97000051969 1. Entity Name BROTHERS THREE OF SARASOTA, INC.	
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Principal Place of Business 7015 PROFESSIONAL PKWY E SARASOTA, FL 34240 US	Mailing Address 7015 PROFESSIONAL PARKWAY E. SARASOTA, FL 34240 US
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03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3452880	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 COX, JOHN J 1600 CAMEO FARM ROAD SARASOTA, FL 34240

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COX, JOHN J 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMPSON, VANESSA M 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240
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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 ICS empowered.

SIGNATURE: Vanessa Sampson **3-16-07** **941-907-9099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #