

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000051991

1. Entity Name
MT OF SARASOTA, INC.



Principal Place of Business

**1264 N PALM AVE
SARASOTA, FL 34236**

Mailing Address

**1264 N PALM AVE
SARASOTA, FL 34236**



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0789041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKALITZKY, ROBERT
1264 N PALM AVE
SARASOTA, FL 34236**

**DO NOT WRITE
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: Registered Agent signatures required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000495864
04/21/06-80026-015 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKALITZKY, ROBERT
STREET ADDRESS	1212 BEN FRANKLIN DR. PH-01
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VPTD
NAME	SHUMACHER, BERNARD
STREET ADDRESS	ROBERT KOCH STRASSE 24
CITY-ST-ZIP	82031 GRUENWALD, GERMANY.
TITLE	S
NAME	GALLAGHER, HELEN
STREET ADDRESS	4001 BENEVA RD. #351
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

941-366-5000