

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090556

FILED
Mar 04, 2006
Secretary of State

Entity Name: DG ENTERPRISES SARASOTA, INC.

Current Principal Place of Business:

4260 BEE RIDGE ROAD
SARASOTA, FL 34228

New Principal Place of Business:

Current Mailing Address:

4260 BEE RIDGE ROAD
SARASOTA, FL 34228

New Mailing Address:

FEI Number: 65-0800503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFER, RICHARD H
4260 BEE RIDGE
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAEFER, RICHARD H
Address: 551 HARBOR COVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: SCHAEFER, GERDA
Address: 551 HARBOR COVE CIRCLE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: HARTIGAN, CHRISTI L
Address: 7 WINDING BRANCH RD
City-St-Zip: HAWTHORNE WOODS, IL 60047

Title: D () Delete
Name: DEVINE, CHARLES R
Address: 144
City-St-Zip: PARK TRACE BLVD, FL 34229

Title: P () Delete
Name: SCHAEFER, ROHN A
Address: 1213 SPRUCE
City-St-Zip: GLENVIEW, IL 60025

Title: D () Delete
Name: DEVINE, LEIGH A
Address: 144 PARK TRACE BLVD
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LEIGH ANN DEVINE

D

03/04/2006

Electronic Signature of Signing Officer or Director

_____ Date