## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000090556

Entity Name: DG ENTERPRISES SARASOTA, INC.

FILED Jun 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2881 CLARK RD. SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 2881 CLARK RD. SARASOTA, FL 34231 FEI Number: 65-0800503 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHAEFER, RICHARD H 2881 CLARK RD. SARASOTA, FL 34231 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition SCHAEFER, RICHARD H Name: Name: 551 HARBOR COVE Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCHAEFER, GERDA Name: 551 HARBOR COVE CIRCLE Address: Address: LONGBOAT KEY, FL 34228 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition HARTIGAN, CHRISTI L Name: Name: 7 WINDING BRANCH RD Address Address: City-St-Zip: HAWTHORNE WOODS, IL 60047 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DEVINE, CHARLES R Name: Name: Address: Address: City-St-Zip: PARK TRACE BLVD, FL 34229 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SCHAEFER, ROHN A Name: Name: 1213 SPRUCE Address: Address: City-St-Zip: GLENVIEW, IL 60025 City-St-Zip: Title: () Delete Title: () Change () Addition DEVINE, LEIGH A Name: Name: 144 PARK TRACE BLVD Address: Address: City-St-Zip: City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify 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 06/16/2009