

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000441

FILED
Apr 30, 2008
Secretary of State

Entity Name: MANAGEMENT SERVICES OF SARASOTA, INC.

Current Principal Place of Business:

6921 ARBOR OAKS CT
BRADENTON, FL 342097400 US

New Principal Place of Business:

Current Mailing Address:

6921 ARBOR OAKS CT
BRADENTON, FL 342097400 US

New Mailing Address:

FEI Number: 65-0803140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, EDITO M JR
6921 ARBOR OAKS CT
BRADENTON, FL 342097400 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: D () Delete
Name: GIL, JULIE C
Address: 1509 BURBANK DR
City-St-Zip: ST. JOHNS, MI 48879

Title: PTD () Delete
Name: GIL, EDITO M JR
Address: 6921 ARBOR OAKS CT
City-St-Zip: BRADENTON, FL 342097400

Title: D () Delete
Name: GIL, ISABEL R
Address: 4542 DEKALB AVE
City-St-Zip: JAX, FL 32207

Title: SVD () Delete
Name: GIL, KATHY D
Address: 6921 ARBOR OAKS CT
City-St-Zip: BRADENTON, FL 342097400

Title: D () Delete
Name: ALDERMAN, MARK D SR
Address: 3275 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, JULIE C
Address: 1509 BURBANK DR
City-St-Zip: ST. JOHNS, MI 48879

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: VD () Change (X) Addition
Name: SMITH, BRIAN E
Address: 1509 BURBANK DR
City-St-Zip: ST. JOHNS, MI 48879

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: EDITO M GIL, JR

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date