


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90004 003 \*\*\*150.00

**DOCUMENT # P98000012752**

1. Entity Name  
**SUNSET MANAGEMENT OF SARASOTA, INC.**



Principal Place of Business      Mailing Address  
**1800 BAY ROAD**      **1800 BAY ROAD**  
**SARASOTA, FL 34239**      **SARASOTA, FL 34239**

**54014348**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02102004    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**65-0817706**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**RIDDELL, JEFFERSON F**  
**3400 S TAMIAMI TR**  
**SARASOTA, FL 34239**

**7. Name and Address of New Registered Agent**

Name  
**J. Hugh Middlebrooks**

Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Orange Ave.**

City      State      Zip Code  
**Sarasota      FL      34236**

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  **J. Hugh Middlebrooks**      **2/24/2004**  
(NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GEYER, ROERT W</b>	
STREET ADDRESS	<b>1800 BAY RD.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Robert W. Geyer, Pres.**      **2/24/04**      **941-366-7800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #