

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

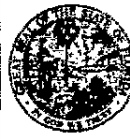
FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000038132

1. Entity Name

THE REAL ESTATE STORE OF SARASOTA, INC.



Principal Place of Business

446 CAMILLE DRIVE
OSPREY, FL 34229

Mailing Address

446 CAMILLE DRIVE
OSPREY, FL 34229



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0838080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ULRICH, RICHARD A
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34233

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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 signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME REYNOLDS, WILLIAM GREG
STREET ADDRESS 446 CAMILLE DRIVE
CITY-ST-ZIP OSPREY, FL 34229

TITLE DVTS
NAME REYNOLDS, SHERRI T
STREET ADDRESS 446 CAMILLE DRIVE
CITY-ST-ZIP OSPREY, FL 34229

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U00000395095
01/26/06-B0037-015 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #