2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000062877

1. Entity Name
SARATOGA CREATIONS, INC.

Principal Place of Business
NO. 51 PINEHURST COURT
ROTUNDA, FL 33947

Mailing Address
DAVID A. DUNKIN, P.A.
170 WEST DEARBORN ST.
ENGLEWOOD, FL 34223

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0860812
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34223-3290

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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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SITTER, LOWELL F
STREET ADDRESS	NO. 51 PINEHURST COURT
CITY ST ZIP	ROTONDA WEST, FL 33947
TITLE	D
NAME	RAYMOND, BAIR
STREET ADDRESS	PO BOX 601
CITY ST ZIP	LAKE PLACID, FL 33862
TITLE	D
NAME	SITTER, DOUG
STREET ADDRESS	23080 TURNBULL
CITY ST ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: X Lowell F. Sitter 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #