


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90021 032 ***150.00

DOCUMENT # P99000024186	
1. Entity Name SARASOTA BEACH BOPPERS, INC.	

Principal Place of Business 3237 CONWAY BLVD PORT CHARLOTTE, FL 33952	Mailing Address 3237 CONWAY BLVD PORT CHARLOTTE, FL 33952
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2. Principal Place of Business 1762 Springwood Dr Suite, Apt. #, etc.	3. Mailing Address 1762 Springwood Dr Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34232	Zip 34232
Country USA	Country USA

6. Name and Address of Current Registered Agent SARTNO, SANDRA A 3237 CONWAY BLVD PORT CHARLOTTE, FL 33952	
7. Name and Address of New Registered Agent Name Sandra A. Sartno Street Address (P.O. Box Number is Not Acceptable) 1762 Springwood Dr City Sarasota FL Zip Code 34232	

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 Sandra A. Sartno <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2/8/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARTNO, SANDRA A		NAME Sandra A. Sartno	
STREET ADDRESS 3237 CONWAY BLVD		STREET ADDRESS 1762 Springwood Dr	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952		CITY-ST-ZIP Sarasota, FL 34232	
TITLE VPS	<input type="checkbox"/> Delete	TITLE VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARINO, ROGER P		NAME Roger P. Marino	
STREET ADDRESS 3237 CONWAY BLVD		STREET ADDRESS 1762 Springwood Dr	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952		CITY-ST-ZIP Sarasota, FL 34232	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Sandra A. Sartno <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/8/05 941-342-0535 <small>Daytime Phone #</small>