


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90015 024 ***150.00

DOCUMENT # P99000090654	
1. Entity Name BENTLEY OF SARASOTA, INC.	

Principal Place of Business 1832 COTTONWOOD TRAIL SARASOTA, FL 34232	Mailing Address 1832 COTTONWOOD TRAIL SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE

09032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0955449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAGER, BARBARA
1832 COTTONWOOD TRAIL
SARASOTA, FL 34232

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

**NEVER RECEIVED
ANN. RPT form**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA/ FAGER, BARBARA 1832 COTTONWOOD TR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAGER, PETER 1832 COTTONWOOD TR SARASOTA, FL 34232
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Barbara Fager* 5/1/04 941-924-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #