

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 31, 2005 08:00 AM
Secretary of State

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**



08282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0955449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

U00000377493
08/31/05-800004-019 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | RA/I |
| NAME | FAGER, BARBARA |
| STREET ADDRESS | 1832 COTTONWOOD TR |
| CITY-ST-ZIP | SARASOTA, FL 34232 |
| TITLE | P |
| NAME | FAGER, PETER |
| STREET ADDRESS | 1832 COTTONWOOD TR |
| CITY-ST-ZIP | SARASOTA, FL 34232 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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)(f), 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:

Peter G Fager
Peter G Fager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/05
Date

541-924-6892
Daytime Phone #