

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000104160**

1. Entity Name

SARASOTA INVESTORS COMPANY



Principal Place of Business

2851 REMINGTON GREEN CIR., STE. D  
TALLAHASSEE, FL 32308

Mailing Address

2851 REMINGTON GREEN CIR., STE. D  
TALLAHASSEE, FL 32308



03122004 No Chg-P GR2E034 (10/03)

4. FEI Number

65-0214353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A  
227 S. CALHOUN ST.  
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000104405  
04/06/04-80009-012-150.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MITCHELL, JOSEPH D  
STREET ADDRESS 2851 REMINGTON GREEN CIR., STE. D  
CITY- ST- ZIP TALLAHASSEE, FL 32308

TITLE STD  
NAME FARMER, C. GUY  
STREET ADDRESS 2851 REMINGTON GREEN CIR., STE. D  
CITY- ST- ZIP TALLAHASSEE, FL 32308

TITLE  
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CITY- ST- ZIP

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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:

*C. G. Farmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. G. FARMER

4/3/04

Date

850-386-2522

Daytime Phone #