

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V00477

1. Entity Name  
JA-AD OF SARASOTA, INC.



Principal Place of Business  
10001 289TH STREET, EAST  
MYAKKA CITY, FL 34251 US

Mailing Address  
10001 289 STREET, EAST  
MYAKKA CITY, FL 34251 US



**DO NOT WRITE IN THIS SPACE**

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0301345

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILLER, RICHARD E.  
10001 289TH STREET, EAST  
MYAKKA CITY, FL 34251

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000345056  
04/30/05-80020-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MILLER, RICHARD E.  
STREET ADDRESS 10001 289TH STREET, EAST  
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE TS  
NAME MILLER, BARBARA A.  
STREET ADDRESS 10001 289TH STREET, EAST  
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE VP  
NAME MILLER, JASON  
STREET ADDRESS 10001 289TH ST., EAST  
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE VP  
NAME MILLER, CHAD  
STREET ADDRESS 10001 289TH STREET EAST  
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Richard E. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

941-371-4586

Daytime Phone #