

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90198 002 ***150.00

DOCUMENT # V02367

1. Entity Name
SOF OF SARASOTA, INC.



Principal Place of Business
**4486 DEER CREEK BLVD
SARASOTA, FL 34238 US**

Mailing Address
**4486 DEER CREEK BLVD.
SARASOTA, FL 34238 US**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0301952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAUNSTEIN, THOMAS H
7661 CALLE FACIL
SARASOTA, FL 34238**

**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

THOMAS H. HAUNSTEIN

Pres.

4-25-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
VISSER, DAVID E
7379 MARA VISTA DRIVE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
PETERSON, JEFFRY K
1707 WALDEMERE ST.
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HAUNSTEIN, THOMAS H
7661 CALLE FACIL
SARASOTA, FL 34238**

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 exemptions contained in Chapter 119, 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:

THOMAS H. HAUNSTEIN

4-25-06

843-287-1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40080599
#V02367

Detach Here

Change of Address or Business Name

FEIN of Entity 65-0301952

Complete this form, sign it, and mail it to the Department if:

- the address below is not correct
- the business location changes
- the corporation name changes

Mail to: FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

S O F OF SARASOTA INC
4486 DEER CREEK BLVD
SARASOTA FL 34238-5602

CHANGE
IN

New
Location
Address

Business Location _____

City _____ State _____ ZIP _____

Business Telephone (_____) _____ County _____

In Care of _____

New
Mailing
Address

Mailing Address 7661 CALLE FACIL

City SARASOTA State FL ZIP 34238

Owner's Telephone (941) 921-6295 County Sarasota

New
Business
Name

DBA _____

New
Corporation
Name

Signature of Officer (Required)

Date

0000 0 19991231 0002000999 2 3650301952 0000 0