

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 025 ***150.00

DOCUMENT # V07359

1. Entity Name
ONE SARASOTA TOWER, INC.



Principal Place of Business

**2 NO TAMiami TR
SUITE 210
SARASOTA, FL 34236 US**

Mailing Address

**2 NO TAMiami TR
SUITE 210
SARASOTA, FL 34236 US**

24068676



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0306993

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLF, RON H
2 N. TAMiami TRAIL STE 210
SARASOTA, FL 34236**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOLF, NORTON
STREET ADDRESS	700 RICHMOND ST STE 410
CITY-ST-ZIP	LONDON, ONTARIO CANADA, n6a4c7
TITLE	TD
NAME	WOLF, RON
STREET ADDRESS	700 RICHMOND ST STE 410
CITY-ST-ZIP	LONDON, ONTARIO CANADA, n6a4c7
TITLE	M
NAME	BLACK, IAN
STREET ADDRESS	2 N TAMiami TRAIL STE 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	YATES, NANCY L
STREET ADDRESS	2N. TAMiami TRAIL STE 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	HALL, JOAN
STREET ADDRESS	700 RICHMOND ST STE 410
CITY-ST-ZIP	LONDON, O can6a57c
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #