

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L12819

**Entity Name:** T & M OF SARASOTA, INC.

**Current Principal Place of Business:**

7852 HOLIDAY DR.  
SARASOTA, FL 34231

**Current Mailing Address:**

7852 HOLIDAY DR.  
SARASOTA, FL 34231

**FEI Number:** 65-0141700

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, KURT F.  
6624 GATEWAY AVE  
SARASOTA, FL 34231 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP	Title	DS
Name	FINKLER, THOMAS G.	Name	FINKLER, MARLEEN D.
Address	7852 HOLIDAY DR	Address	7852 HOLIDAY DR
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS FINKLER

**PRESIDENT**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date