## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G60114

FILED Jan 07, 2009 Secretary of State

| Entity Name: SHARN, INC.   |   |                            |   |  |  |
|--|---|----------------------------|---|--|--|
| Current Principal Place of Business:   |   |                            | New Principal Place o                       | of Business:   |  |
| 4517 GEOF<br>SUITE 200<br>TAMPA, FL  |   |                            |   |  |  |
| Current Mailing Address:   |   |                            | New Mailing Address                         | :  |  |
| 4517 GEOF<br>SUITE 200<br>TAMPA, FL  |   |                            |   |  |  |
| FEI Number:  | 59-2333480  | FEI Number Applied For ( ) | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )                                    |  |
| Name and   | Address of C  | Current Registered Agent:  | Name and Address of                         | New Registered Agent:  |  |
| SPANGLER, JOHN F<br>2310 HESPERIDES STREET<br>TAMPA, FL 33629 US   |   |                            | 2310 HESPÉRIDES ST                          | SPANGLER, JOHN F DST<br>2310 HESPERIDES STREET<br>TAMPA, FL 33629 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: JOHN F SPANGLER   |   |                            |   | 01/07/2009   |  |
| Electronic Signature of Registered Agent   |   |                            | nt  | Date   |  |
| Election Campaign Financing Trust Fund Contribution ( ).   |   |                            |   |  |  |
| OFFICERS AND DIRECTORS:  |   |                            | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DST ( )<br>SPANGLER, JO<br>2310 HESPERI<br>TAMPA, FL 33 | DES STREET                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DV ( )<br>SCHULTZ, AND<br>12706 CASEY<br>TAMPA, FL 33   | ROAD                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| Title:<br>Name:  | DP ( )<br>TOMLINSON, E                                  | ) Delete<br>BRUCE          | Title:<br>Name:                             | ( ) Change ( ) Addition  |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN F SPANGLER DST 01/07/2009

4109 SALTWATER BLVD

TAMPA, FL 33615

Address:

City-St-Zip: