

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055698

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SHARON CASLOW, CPA, P.A.

**Current Principal Place of Business:**

1067 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1067 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 59-3728542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASLOW, SHARON CPA  
1067 BLACK ACRE TRAIL  
WINTER SPRINGS, FL 32708 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CASLOW, SHARON  
Address: 1067 BLACK ACRE TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708

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: SHARON CASLOW

PRES

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date