


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90079 001 \*\*\*150.00

DOCUMENT # P96000046791

1. Entity Name  
 SHARKMART, INC.



Principal Place of Business ~~1110 OLD DIXIE HWY A3~~ 1570 South SQ WEST  
 VERO BEACH, FL 32967 US

Mailing Address 1570 South SQ WEST  
~~1110 OLD DIXIE HWY A3~~  
 VERO BEACH, FL 32967 US

32966 32966

20017850



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

02222005 Chg-P CR2E034 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number  
 65-0674583

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCHUGH, JOHN J. JR.  
 333 17TH STREET, SUITE U  
 VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Kathy L. Bryant, Kathy L. Bryant, 2-28-05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRYANT, KATHY L	1570 South SQ. WEST
STREET ADDRESS	<del>1110 OLD DIXIE STE A3</del>	
CITY-ST-ZIP	VERO BEACH, FL <del>32960</del>	32966
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRYANT, HEATHER R	1570 South SQ. WEST
STREET ADDRESS	<del>1110 OLD DIXIE STE A3</del>	
CITY-ST-ZIP	VERO BEACH, FL <del>32960</del>	32966
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, DAN R	1570 South SQ. WEST
STREET ADDRESS	<del>1110 OLD DIXIE STE A3</del>	
CITY-ST-ZIP	VERO BEACH, FL <del>32960</del>	32966
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Kathy L. Bryant, Kathy L. Bryant 2-28-05 727-702839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #