


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90002 013 \*\*\*150.00

DOCUMENT # J27300			
1. Entity Name SHARON TOBIN NYMAN P.A.			
Principal Place of Business 113 COASTAL DRIVE KEY LARGO, FL 33037 US		Mailing Address 113 COASTAL DRIVE KEY LARGO, FL 33037 US	
2. Principal Place of Business <i>91980 Overseas Hwy</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tavernier FL</i>		City & State	
Zip <i>33070</i>	Country <i>US</i>	Zip	Country
4. FEI Number 59-2814669		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>NYMAN, SHARON T 94220 OVERSEAS HWY 5A TAVERNIER, FL 33070</del>		7. Name and Address of New Registered Agent Name <i>Sharon Nyman</i> Street Address (P.O. Box Number is Not Acceptable) <i>113 Coastal Drive</i> City <i>Key Largo</i> FL Zip Code <i>33037</i>	
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: <i>Sharon Nyman</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

*J4004138*



01262004 Chg-P CR2E034 (10/03)

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NYMAN, SHARON T 94220 OVERSEAS HWY 5A TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Sharon Nyman</i> <i>113 Coastal Drive</i> <i>Key Largo FL 33037</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sharon Nyman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/3/04* 308-852-7205  
Date Daytime Phone #

*Sharon Nyman*

Attachment



54004138

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 26, 2004

SHARON TOBIN NYMAN P.A.  
113 COASTAL DRIVE  
KEY LARGO, FL 33037 US

SUBJECT: SHARON TOBIN NYMAN P.A.  
Ref. Number: J27300

We have received your document for SHARON TOBIN NYMAN P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 204A00004372