

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037241

FILED
Feb 11, 2005
Secretary of State

Entity Name: SHARON FOR ALL OCCASIONS, INC.

Current Principal Place of Business:

311 SE 1ST TERRACE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

311 SE 1ST TERRACE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1012945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REBUCK, SHARON
311 SE 1ST TERRACE
POMPANO BEACH, FL 33060 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REBUCK, SHARON
Address: 8601 NW 53RD STREET
City-St-Zip: LAUDERHILL, FL 33351

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REBUCK, SHARON
Address: 311 SE 1ST TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Change (X) Addition
Name: REBUCK, JOSEPH C
Address: 311 SE 1ST TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHARON REBUCK

PRES

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date