2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# P97000063687

Entity Name: SHARON CONCHIGLIO, INC.

Current Principal Place of Business:

560 NE 14TH ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

560 NE 14TH ST
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-3460764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONCHIGLIO, SHARON
841 N.E. 120TH PLACE
OCALA, FL 34479 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: PST ( ) Delete
Name: CONCHIGLIO, SHARON
Address: 841 N.E. 120TH PLACE
City-St-Zip: OCALA, FL 34479

Title: V ( ) Delete
Name: EBERLEIN, DAN
Address: 841 NE 120 PL
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 CONHIGLIO PRES 03/08/2005

Electronic Signature of Signing Officer or Director Date