

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90018 041 ***150.00

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03082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2915887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARP, VIRGINIA K.
2935 HERITAGE TRAIL
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name Virginia K Sharp
Street Address (P.O. Box Number is Not Acceptable)
2005 Mariposa Vista Ln
#135
City Saint Augustine FL Zip Code 32084

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 Virginia K. Sharp
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, VIRGINIA K.	
STREET ADDRESS	2935 HERITAGE TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SHARP, VIRGINIA K.	
STREET ADDRESS	2935 HERITAGE TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL	
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	PDVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia K. Sharp	
STREET ADDRESS	2005 Mariposa Vista Ln #135	
CITY-ST-ZIP	Saint Augustine, FL 32084	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia K. Sharp Virginia K. Sharp

Date

Daytime Phone #

3-8-2005
904-910-0891