

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000029647

Entity Name: SHARE IT IN LIGHT INC.**Current Principal Place of Business:**923 NW LEONARDO CIRCLE
PORT ST. LUCIE, FL 34986**Current Mailing Address:**923 NW LEONARDO CIRCLE
PORT ST. LUCIE, FL 34986**FEI Number:** 45-4118381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRELSON, SHERYL A
923 NW LEONARDO CIRCLE
PORT ST. LUCIE, FL 34986 US*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**Officer/Director Detail :**

Title	CEO
Name	HARRELSON, SHERYL A
Address	923 NW LEONARDO CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	CFO
Name	HARRELSON, SHERYL A
Address	923 NW LEONARDO CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SEC
Name	HARRELSON, SHERYL A
Address	923 NW LEONARDO CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIR
Name	HARRELSON, SHERYL A
Address	923 NW LEONARDO CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIR
Name	BRESLAU, STEVEN R
Address	923 NW LEONARDO CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: SHERYL HARRELSON**PRESIDENT****02/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date