

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000063687

**Entity Name:** SHARON CONCHIGLIO, INC.

**Current Principal Place of Business:**

114 CHOLOKKA BLVD  
MICANOPY, FL 32667

**Current Mailing Address:**

PO BOX 494  
ORANGE LAKE, FL 32681 US

**FEI Number:** 59-3460764

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONCHIGLIO, SHARON  
841 N.E. 120TH PLACE  
OCALA, FL 34479 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	PST	Title	V PRESIDENT
Name	CONCHIGLIO, SHARON	Name	EBERLEIN, DAN J
Address	841 N.E. 120TH PLACE	Address	114 CHOLOKKA BLVD
City-State-Zip:	OCALA FL 34479	City-State-Zip:	MICANOPY FL 32667

*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:** SHARON CONCHIGLIO

**PRESIDENT**

**01/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date