

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90108 042 ***150.00

DOCUMENT # 429302

1. Entity Name
SHARRON PROPERTIES, INC.



Principal Place of Business
9840 MOBILE HWY
PENSACOLA, FL 32526

Mailing Address
9840 MOBILE HWY
PENSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1565322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARRON, MARTIN S.
9840 MOBILE HWY
PENSACOLA, FL 32526

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME SHARRON, MARTIN S, SR
STREET ADDRESS 9840 MOBILE HWY
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE DVST
NAME SHARRON, JEAN G
STREET ADDRESS 9840 MOBILE HWY
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE DVP
NAME GRAVES, VICKI S.
STREET ADDRESS 9840 MOBILE HWY
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

4-14-DL 8509445157