

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611259

FILED
May 04, 2009
Secretary of State

Entity Name: SHARON ENTERPRISES, INC.

Current Principal Place of Business:

39804 HWY 27
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3605
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-1885082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESPOSITO, PASQUALE A
MASSEY ROAD
DAVENPORT, FL 33837 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPOSITO, PASQUALE A
Address: MASSEY ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: ST () Delete
Name: ESPOSITO, MILDRED J
Address: MASSEY ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: ESPOSITO, PATSY A
Address: 125 PARADISE ISLAND DR.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: ESPOSITO, WAYNE J
Address: 4415 MAHOGANY RUN
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: ESPOSITO, SHARON R
Address: 118 E MAPLE ST
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated in Chapter 119, 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: PATSY A. ESPOSITO

D

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date