
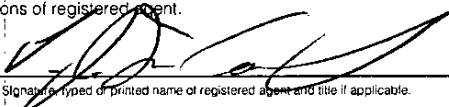
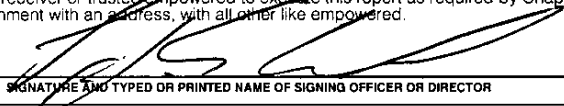


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90124 013 ****61.25

DOCUMENT # 730954					
1. Entity Name LAKE SHARON INCORPORATED					
Principal Place of Business #1 KATHY LANE LAKE SHARON ESTATES FREEPORT, FL 32439-6730			Mailing Address #1 KATHY LANE LAKE SHARON ESTATES FREEPORT, FL 32439-6730		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1576735	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCORMICK, LARRY 159 KATHY LANE E. FREEPORT, FL 32439			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		PRESIDENT		3/15/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	IPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MC CORMICK, LARRY	NAME			
STREET ADDRESS	159 KATHY LANE E	STREET ADDRESS			
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERSON, ANNE	NAME			
STREET ADDRESS	62 PETERS COURT	STREET ADDRESS			
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MESSER, JEWEL	NAME			
STREET ADDRESS	88 KATHY LANE E	STREET ADDRESS			
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, CLYDE	NAME	D BENNETT, JACK		
STREET ADDRESS	102 DARRELL COURT	STREET ADDRESS	234 KATHY LANE E		
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP	FREEPORT, FL 32439		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, JOHN	NAME	VD JEROME, KEVIN		
STREET ADDRESS	21 ONE COURT W.	STREET ADDRESS	2 KATHY LANE W		
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP	FREEPORT, FL 32439		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 617, 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: 		3/15/05		850-897-1933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50029688



02252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1576735 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 

PRESIDENT

3/15/05

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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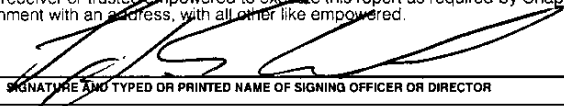
TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: 

3/15/05

850-897-1933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #