

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State



DOCUMENT # 730954
1. Entity Name
LAKE SHARON INCORPORATED

Principal Place of Business Mailing Address
#1 KATHY LANE **#1 KATHY LANE**
LAKE SHARON ESTATES **LAKE SHARON ESTATES**
FREEPORT FL 32439-6730 **FREEPORT FL 32439-6730**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
MCCORMICK, LARRY
159 KATHY LANE E.
FREEPORT FL 32439

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 *[Signature]* **PRESIDENT** DATE **2/20/07**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	MC CORMICK, LARRY	
STREET ADDRESS	159 KATHY LANE E	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERSON, ANNE	
STREET ADDRESS	62 PETERS COURT	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MESSER, JEWEL	
STREET ADDRESS	88 KATHY LANE E	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, OSCAR	
STREET ADDRESS	28 DARRELL CT	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEROME, KEVIN	
STREET ADDRESS	2 KATHY LANE W	
CITY-STATE-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUVAL, MEL	
STREET ADDRESS	73 KATHY LN	
CITY-STATE-ZIP	FREEPORT FL 32439	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000646329
03/06/07-80026-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* **PRESIDENT** DATE **2/20/07**
(Signature and typed or printed name of signing officer or director)