
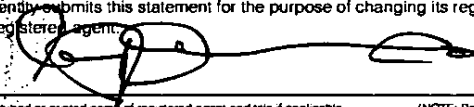
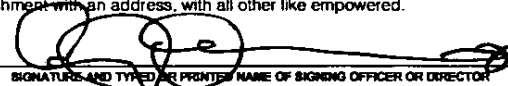


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90004 024 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				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 <i>Gregg Owczarski</i> Street Address (P.O. Box Number is Not Acceptable) <i>107 Kathy Lane E</i> City <i>Freeport FL</i> Zip Code <i>32439</i>		
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 			Date <i>Feb 17, 2008</i>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC CORMICK, LARRY		NAME	Gregg Owczarski	
STREET ADDRESS	159 KATHY LANE E		STREET ADDRESS	107 Kathy Lane E.	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	Freeport Fl. 32439	
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, OSCAR		NAME		
STREET ADDRESS	28 DARRELL CT		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME, KEVIN		NAME	Steve Mixon	
STREET ADDRESS	2 KATHY LANE W		STREET ADDRESS	93 Kathy Lane E.	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	Freeport Fl. 32439	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUVAL, MEL		NAME	Michael Lawson	
STREET ADDRESS	73 KATHY LN		STREET ADDRESS	34 Kathy Lane E	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	Freeport Fl. 32439	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date <i>Feb 17, 2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		