2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H35498

1. Entity Name
SHAR/DECOR, INC.

Principal Place of Business	Mailing Address
7300 124TH AVENUE LARGO, FL 33773-3007	C/O SHARON BAILEY 7300 124TH AVENUE LARGO, FL 33773-3007

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2478911	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

BAILEY, SHARON
7300 124TH AVENUE
LARGO, FL 33773-3007

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 _Sharon Bailey, President_   DATE _2-19-04_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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

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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAILEY, SHARON
STREET ADDRESS	2823 EAGLE RUN CIR N
CITY-ST-ZIP	CLEARWATER, FL 33760

TITLE	V
NAME	REES, DAVID
STREET ADDRESS	3858 BRANCH DRIVE 9143 Jakes Path
CITY-ST-ZIP	CLEARWATER, FL 33760 LARGo, Fl. 33771

TITLE	ST
NAME	BAILEY, ROLAND
STREET ADDRESS	2823 EAGLE RUN CIR N
CITY-ST-ZIP	CLEARWATER, FL 33760

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _Sharon Bailey (SHARON BAILEY) President 2-19-04 727-536-6019_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #