


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90080 031 \*\*\*150.00

DOCUMENT # H81039					
1. Entity Name LION'S SHARE HOLDING, INC.					
Principal Place of Business 300 WEST PLATT STREET TAMPA, FL 33606		Mailing Address P.O. BOX 373 TAMPA, FL 33601-0373			
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 59-2585447	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, GUY III 300 W PLATT ST STE 200 TAMPA, FL 33606				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, GUY III	NAME			
STREET ADDRESS	2904 BAYSHORE CT.	STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FL 33611	CITY - ST - ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, DOUGLAS W.	NAME			
STREET ADDRESS	1012 S STERLING AVE	STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FL 33629	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	DAYTON JANET F.		
STREET ADDRESS		STREET ADDRESS	340 INNER HARBOUR CIRCLE		
CITY - ST - ZIP		CITY - ST - ZIP	TAMPA FL 33602		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	WILSON DWIGHT A.		
STREET ADDRESS		STREET ADDRESS	5834 AUDUBON MANOR BLVD.		
CITY - ST - ZIP		CITY - ST - ZIP	LITHIA FL 33547		
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			
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 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 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: _____		GUY KING III		Date: 01/16/08 813 229-8021	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	