2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# H89456

Entity Name: LASHARAW, INCORPORATED

Current Principal Place of Business:

104 BROAD ST
PORT SAINT JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

104 BROAD ST
PORT SAINT JOE, FL 32456

New Mailing Address:

FEI Number: 59-2634622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESLIE, RAWLIS
104 BROAD ST
PORT ST. JOE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LESLIE, LESSIE V.,
Address: 340 AVENUE C
City-St-Zip: PORT ST JOE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LESLIE, LASHUNE D PD
Address: 104 BROAD ST
City-St-Zip: PORT ST JOE, FL 32456

Title: PV ( ) Change (X) Addition
Name: LESLIE, SHARION Y VP
Address: 104 BROAD ST
City-St-Zip: PORT ST JOE, FL 32456

Title: PT ( ) Change (X) Addition
Name: LESLIE, RAWLIS D T
Address: 104 BROAD ST
City-St-Zip: PORT ST JOE, FL 32456

Title: PS ( ) Change (X) Addition
Name: LESLIE, RAWLIS JR. D S
Address: 104 BROAD ST
City-St-Zip: PORT ST JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LASHUNE D. LESLIE DP 04/27/2005

Electronic Signature of Signing Officer or Director Date