2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H91368

1. Entity Name
SHARSTAN CORPORATION



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

506 CHARLOTTE ROAD AUBURNDALE, FL 33823 Mailing Address

506 CHARLOTTE ROAD AUBURNDALE, FL 33823



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 01052007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BYWATER, JOSEPH G.

1828 S. FLORIDA AVE. LAKELAND, FL 33806

DO	NOT	WRITI	
IN 7	THIS	SPACE	=

the obligat	ions of registered agent.	urpose or changing its regist	erea office of re	egistered agent, or bo	in, in the State of Flo.	rida i am iamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen) and title (acclicable (NOTF: Regist	ered Ageot signature	required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.		nancing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTAGUS, RONNIE 506 CHARLOTTE RD. AUBURNDALE, FL 33823			,	;	
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TITLE NAME: STREET ADDRESS CITY-ST-ZIP	Section Control Services	Y. Y., \$7	gen made i	. १८ १ - अस्तर के कि के कि	ješamajk (p. 1,) in	tion displayed as a second
47 I borobus	certify that the information a united with this fill			tained in Observa 446	S. Els. St. Otto A	f

14. I nereby 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:

IGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-967-5676

Daytime Phor

Date