


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 006 ***150.00

DOCUMENT # J27300			
1. Entity Name SHARON TOBIN NYMAN P.A.			
Principal Place of Business 91880 OVERSEAS HWY TAVERNIER, FL 33070 US		Mailing Address 113 COASTAL DRIVE KEY LARGO, FL 33037 US	
2. Principal Place of Business - No P.O. Box # 86000 Overseas Hwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Islamorada, FL		City & State	
Zip 33036	Country US	Zip	Country
6. Name and Address of Current Registered Agent NYMAN, SHARON T 113 COASTAL DRIVE KEY LARGO, FL 33037		7. Name and Address of New Registered Agent 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, the registered agent. SIGNATURE: <i>Sharon Nyman</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1/16/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NYMAN, SHARON 113 COASTAL DRIVE KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Sharon Nyman</i> DATE: 1/16/08 DAYTIME PHONE: 305-942-6886			