


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004357	
1. Entity Name SHARON D. REGAN, P.A.	

Principal Place of Business 1235 S. ALCANIZ ST STE ONE PENSACOLA, FL 32501	Mailing Address 1235 S. ALCANIZ ST STE ONE PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

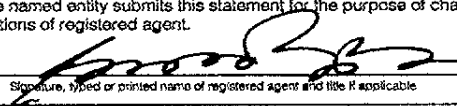
4. FD Number 59-3694709	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REGAN, SHARON D 125 S. ALCANIZ SR STE 1 PENSACOLA, FL 32501

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 	DATE 3-29-04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REGAN, SHARON D 125 S. ALCANIZ ST STE ONE PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000101380
04/02/04-80010-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date 3/27/04	Daytime Phone # (850) 439-1000
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