## **2007 FOR PROFIT CORPORATION**

Signature, typed or printed name of registered agent and title if applicable

## FILED May 02, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000098151 SHARON R. CANTIN, P.A. Principal Place of Business Mailing Address 4346 BROOKER CREEK DR 4346 BROOKER CREEK DR PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3670082 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANTIN, SHARON R DO NOT WRITE 4346 BROOKER CREEK DR PALM HARBOR, FL 34685 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,

FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				٦
TITLE	D					J
NAME	CANTIN, SHARON R					
STREET ADDRESS	4346 BROOKER CREEK DR					
CITY-ST-ZIP	PALM HARBOR, FL 34685				U00000755886	
TITLE	,				05/23/07-80005-024 150	•
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						

(NOTE, Registered Agent signature required when reinstating)

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

Applied For

DATE

Not Applicable