



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90067 002 ***150.00

DOCUMENT # P01000067278 1. Entity Name SHARON LEE INVESTMENT, CORP.																													
Principal Place of Business 322 WALNUT STREET APT 2 HOLLYWOOD FL 33019				Mailing Address 322 WALNUT STREET APT 2 HOLLYWOOD FL 33019																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1119965 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent HAAKER, SHARON LEE 332 WALNUT ST. #2 HOLLYWOOD FL 33019				7. Name and Address of New Registered Agent Name Haaker, Sharon Lee Street Address (P.O. Box Number is Not Acceptable) 322 Franklin St. #7 City Hollywood FL Zip Code 33019																									
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 <i>Sharon L. Haaker</i> PD 1-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAAKER, SHARON L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 WALNUT ST. #2</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33019</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	HAAKER, SHARON L		STREET ADDRESS	332 WALNUT ST. #2		CITY-ST-ZIP	HOLLYWOOD FL 33019		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Haaker, Sharon L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>322 Franklin St. #7</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hollywood, FL 33019</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Haaker, Sharon L.		STREET ADDRESS	322 Franklin St. #7		CITY-ST-ZIP	Hollywood, FL 33019	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 L. Haaker</i> PD 1-27-04 84929-9503 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													