
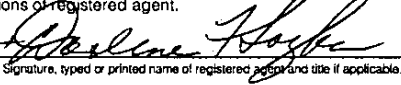
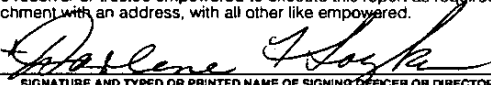


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90065 005 \*\*\*150.00

<b>DOCUMENT # P02000016069</b> 1. Entity Name <b>SHAR'D STAFFING, INC.</b>			
Principal Place of Business <b>1653 WATER OAK DR. TARPON SPRINGS, FL 34689</b>		Mailing Address <b>1653 WATER OAK DR. TARPON SPRINGS, FL 34689</b>	
2. Principal Place of Business <b>1917 Frankford Ave</b>		3. Mailing Address <b>1915 Frankford Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Panama City, FL</b>		City & State <b>Panama City, FL</b>	
Zip <b>32405</b>		Zip <b>32405</b>	
Country 		Country 	
4. FEI Number <b>30-0042157</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, SHARI ANN S 1653 WATER OAK DR. TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent Name <b>Darlene F. Soyka</b> Street Address (P.O. Box Number is Not Acceptable) <b>1917 Frankford Ave</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32405</b>	
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  <b>DARLENE F. SOYKA</b> * <b>4-4-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, SHARI ANN A</b> <b>1653 WATER OAK DR.</b> <b>TARPON SPRINGS, FL 34689</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOYKA, DARLENE F</b> <b>1653 WATER OAKS DR.</b> <b>TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1917 Frankford Ave</b> <b>Panama City, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>  <b>DARLENE F. SOYKA</b>		<b>4-4-05</b> <b>643-7230</b> <small>Date Daytime Phone #</small>	