

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 027 ***150.00

DOCUMENT # P030000033151. Entity Name
SHARE SERVICES, INC.Principal Place of Business
**206 VELMA DR
LARGO, FL 33770**Mailing Address
**206 VELMA DR
LARGO, FL 33770****20055474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

47-0909572

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KATHRYN H
206 VELMA DR
LARGO, FL 33770**

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 registered agent.

SIGNATURE

Kathryn N Smith

(NOTE: Registered Agent signature required when relinquished)

DATE

4-22-05**(FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$250.00)**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
SMITH, KATHRYN H
206 VELMA DR
LARGO, FL 33770**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
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CITY- ST- ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

*Kathryn N Smith***4-22-05**

Doc

Daytime Phone #