

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015054

Entity Name: SHARON MAYWORM, P.A.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

947 EASTMONT COURT  
THE VILLAGES, FL 32162

## New Principal Place of Business:

3766 AUBURNDAL AVE  
LADY LAKE, FL 32162

## Current Mailing Address:

947 EASTMONT COURT  
THE VILLAGES, FL 32162

## New Mailing Address:

3766 AUBURNDAL AVE  
LADY LAKE, FL 32162

FEI Number: 57-1147731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAYWORM, SHARON  
947 EASTMONT COURT  
THE VILLAGES, FL 32162 US

## Name and Address of New Registered Agent:

MAYWORM, SHARON  
3766 AUBURNDAL AVE  
LADY LAKE, FL 32162 US

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.

SIGNATURE: SHARON MAYWORM

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MAYWORM, SHARON  
Address: 947 EASTMONT COURT  
City-St-Zip: THE VILLAGES, FL 32162

Title: STD ( ) Delete  
Name: MAYWORM, DEXTER  
Address: 947 EASTMONT COURT  
City-St-Zip: THE VILLAGES, FL 32162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MAYWORM, SHARON  
Address: 3766 AUBURNDAL AVE  
City-St-Zip: LADY LAKE, FL 32162

Title: STD (X) Change ( ) Addition  
Name: MAYWORM, DEXTER  
Address: 3766 AUBURNDAL AVE  
City-St-Zip: LADY LAKE, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MAYWORM

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date