

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015054

Entity Name: SHARON MAYWORM, P.A.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1049 PENDLETON CIRCLE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

1049 PENDLETON CIRCLE
THE VILLAGES, FL 32162

New Mailing Address:

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
1049 PENDLETON CIRCLE
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYWORM, SHARON
Address: 1049 PENDLETON CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: STD () Delete
Name: MAYWORM, DEXTER
Address: 1049 PENDLETON CIR
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date