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Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90043 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045346

1. Entity Name
LAW OFFICE OF SHARON STRAYER LEARCH PA.

40002147

01112005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~1807 N 3RD ST~~ JACKSONVILLE BEACH, FL 32250	~~1807 N 3RD ST~~ JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business	3. Mailing Address
510 SOUTH THIRD STREET	510 SOUTH THIRD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH, FL
Zip: 32250 Country	Zip: 32250 Country

4. FEI Number 26-0064704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEARCH, SHARON S
~~1807 N 3RD ST~~
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 510 SOUTH THIRD STREET
City JACKSONVILLE BEACH FL Zip Code 32250

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 [signature] DATE 1-11-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LEARCH, SHARON S	NAME	
STREET ADDRESS	~~1807 N 3RD ST~~	STREET ADDRESS	510 SOUTH THIRD STREET
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	
TITLE	PVST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LEARCH, SHARON S	NAME	
STREET ADDRESS	~~1807 N 3RD ST~~	STREET ADDRESS	510 South THIRD STREET
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] SHARON STRAYER LEARCH 1/11/05 904 246-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #