

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90007 007 ***150.00

DOCUMENT # P03000062594

1. Entity Name
SHEARPRO ORLANDO, INC.



Principal Place of Business 12012 LAKE CYPRESS CIRCLE #C206 ORLANDO FL 32828 US	Mailing Address 12012 LAKE CYPRESS CIRCLE #C206 ORLANDO FL 32828 US
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2. Principal Place of Business 12742 Somerset Oaks St Suite, Apt. #, etc.	3. Mailing Address 12742 Somerset Oaks St Suite, Apt. #, etc.
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MOORE CR2E034 (4/04)

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 14-1886273	Applied For Not Applicable
Zip 32828	Country US	Zip 32828	Country US

6. Name and Address of Current Registered Agent YOUNG, MELANIE A 12012 LAKE CYPRESS CIRCLE #C206 ORLANDO FL 32828	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Melanie A. Young DATE 9-5-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Chief Executive Officer</u> <u>Melanie Young</u> <u>12742 Somerset Oaks St</u> <u>Orlando FL 32828</u>	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
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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.

SIGNATURE: Melanie A. Young DATE 9-5-04 DAYTIME PHONE # 321-217-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
246581694
P03000062594

Reported



Did not
know I
owed this;
I moved and
changed my
address, never
got your notice
If you sent it-
I don't get it. 24
1/2 the forms

until its
too late -
like sales
tax forms and
monthly payroll
deposits.

Melanie Yang
Sharpe & Lane

PS - had to get this report
by calling and having them