


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000077113  
 1. Entity Name  
 SHARON LEIGHTON INC.



Principal Place of Business      Mailing Address  
 270 SEA DUNES DRIVE      270 SEA DUNES DRIVE  
 MELBOURNE BEACH, FL 32951      MELBOURNE BEACH, FL 32951

**DO NOT WRITE IN THIS SPACE**



01262005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 03-0524652      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEIGHTON, SHARON  
 270 SEA DUNES DRIVE  
 MELBOURNE BEACH, FL 32951

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

U000000210260  
 02/02/05-80070-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LEIGHTON, SHARON
STREET ADDRESS	270 SEA DUNES DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	VD
NAME	LEIGHTON, EWAN
STREET ADDRESS	270 SEA DUNES DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Sharon Leighton*      1-31-05      321-729-0868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #