

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90003 042 ***150.00

DOCUMENT # P03000090052

1. Entity Name
SHARON OHAYUN, INC.



Principal Place of Business
**936 11TH STREET NORTH
#3
ST PETERSBURG, FL 33705**

Mailing Address
**936 11TH STREET NORTH
#3
ST PETERSBURG, FL 33705**

14027452



2. Principal Place of Business
**201 BRIGHTWATER DRIVE
Suite, Apt. #, etc.
UNIT # 3**

3. Mailing Address
**201 BRIGHTWATER DRIVE
Suite, Apt. #, etc.
UNIT # 3**

09212004 Chg-P CR2E034 (10/03)

City & State
CLEARWATER BEACH, FL

City & State
CLEARWATER BEACH, FL

4. FEI Number
55-0845707

Applied For
Not Applicable

Zip Country
33767-2422 USA

Zip Country
33767-2422 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OHAYUN, SHARON
936 11TH STREET NORTH
#3
ST PETERSBURG, FL 33705**

Name
OHAYUN, SHARON

Street Address (P.O. Box Number is Not Acceptable)
201 BRIGHTWATER DRIVE

UNIT # 3

City
CLEARWATER BEACH

FL

Zip Code

33767-2422

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 **SHARON OHAYUN**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/03/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P OHAYUN, SHARON
936 11TH STREET NORTH
ST PETERSBURG, FL 33705** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**201 BRIGHTWATER DRIVE UNIT # 3
CLEARWATER BEACH, FL 33767-2422** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **SHARON OHAYUN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/03/04
Date

(251) 747-2158
Daytime Phone #