

FROM : COMFORT_KEEPERSP

FAX NO. : 9419297438

FILED
Jul 19, 2004 8:00 am
Secretary of State

04-30-2004 90378 024 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

4/3

DOCUMENT # P03000108693			
1. Entity Name SHARCONCEPTS & DESIGNS, INC.			
Principal Place of Business 2107 RIVER RIDGE DRIVE SARASOTA, FL 34239		Mailing Address 2107 RIVER RIDGE DRIVE SARASOTA, FL 34239	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0305971		Ascribed For ☐ No Appliance	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIOBHAI JOAN CPA WEBLAND CONSULTING INC. 1219 EAST AVENUE SOUTH SUITE 104 SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), Florida Statutes. I further certify that the information included 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 or without the empowered.			
SIGNATURE: <i>Sharon Anderson</i>		4-27-04 941-321-8882	

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