

2007-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90042 037 ***150.00

DOCUMENT # P03000149530

1. Entity Name

SHARE YOUR BUSINESS, INC.



Principal Place of Business
3670-B VILLAGE DRIVE
DELRAY BEACH FL 33445
US

Mailing Address
3670-B VILLAGE DRIVE
DELRAY BEACH FL 33445
US



2. Principal Place of Business

S. White

Suite, Apt. #, etc.

2430 Deer Creek Country Club Blvd #107

City & State

Deerfield Beach, FL 33442

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 54-2145486

Applied For
Not Applicable

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

WHITE, STELLA S

S. White

~~3670-B VILLAGE DRIVE
DELRAY BEACH FL 33445~~

2430 Deer Creek Country Club Blvd #107
Deerfield Beach, FL 33442

Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, STELLA S	
STREET ADDRESS	3670-B VILLAGE DRIVE	
CITY ST ZIP	DELRAY BEACH FL 33445	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHIFF, CARRI	
STREET ADDRESS	9389 BOCA RIVER CIRCLE	
CITY ST ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

1-22-07 501-427-6693