

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000155188	
1. Entity Name SHARON PROFFIT & ASSOCIATES, INC.	

Principal Place of Business PO BOX 621 ST PETERSBURG FL 33731 US	Mailing Address PO BOX 621 ST PETERSBURG FL 33731 US
--	--



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **54-2136805** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**RAMSBURG, D P
5840 54TH AVENUE N
SUITE A
KENNETH CITY FL 33709**

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 _____ (NOTE: Registered Agent signature required when constituting) DATE

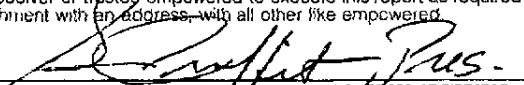
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	PROFFIT, SHARON L			NAME			
STREET ADDRESS	PO BOX 621			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33709			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	PROFFIT, SHARON L			NAME			
STREET ADDRESS	PO BOX 621			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33709			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	PROFFIT, SHARON L			NAME			
STREET ADDRESS	PO BOX 621			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33709			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000482755
04/19/06-B0077-020 150.00

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:  PUS. SHARON PROFFIT 3/29/06 727-822-520