

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000127880**

1. Entity Name

SHERON BUCHANAN INC.



Principal Place of Business

1922 MARKET ST N  
JACKSONVILLE FL 32206

Mailing Address

1922 MARKET ST N  
JACKSONVILLE FL 32206



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-1853010**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BUCHANAN, SHERON  
1922 MARKET ST N  
JACKSONVILLE FL 32206

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

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  
NAME: BUCHANAN, SHERON ☐ Delete  
STREET ADDRESS: % 1922 MARKET ST N  
CITY-STATE-ZIP: JACKSONVILLE FL 32206

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000599092  
CITY-STATE-ZIP: 01/25/07-80014-001 150.00

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-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:

*Sheron Buchanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

Date

904-483-8311

Daytime Phone #