2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000139862

1. Entity Name

SHARON C. RICHARDSON, CPA, P.A.



FILED Jan 31, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1625 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308

1625 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308



01272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1728575 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, SHARON C 1913 CELTIC ROAD TALLAHASSEE, FL 32317

SIGNATURE:

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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 rejectating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS	T	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, SHARON C 1913 CELTIC ROAD TALLAHASSEE, FL 32317			Magagagaga
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/06/08-80045-023 150.00
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TITLE NAME STREET ADDRESS CIFY-ST-ZIP				
NAME STREET ADDRESS				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 employered 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.				