2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152448

1. Entity Name
SHARON DANIELS, INC.

Principal Place of Business	Mailing Address
107 OAK GROVE DR PALATKA, FL 32177 US	107 OAK GROVE DR PALATKA, FL 32177 US

DO NOT WRITE IN THIS SPACE

04132006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1847287	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, SHARON O
107 OAK GROVE DR
PALATKA, FL 32177

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000512119
04/29/06-80079-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	DANIELS, SHARON O
STREET ADDRESS	107 OAK GROVE DR
CITY-ST-ZIP	PALATKA, FL 32177

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: _Sharon Daniels_   4-13-06   386-937-4538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #