



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90013 023 ***550.00

DOCUMENT # P05000020004 1. Entity Name SHARON L PENDLEY PA					
Principal Place of Business 220 GULF BLVD UNIT E INDIAN ROCKS BCH, FL 33785			Mailing Address 220 GULF BLVD UNIT E INDIAN ROCKS BCH, FL 33785		
2. Principal Place of Business 1242 HARBOR HILLS DR.		3. Mailing Address 1242 HARBOR HILLS DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		09052006 Chg-P CR2E034 (11/05)	
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 65-1241145	
Zip 33770		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33770		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENDLEY, SHARON L 220 GULF BLVD UNIT E INDIAN ROCKS BCH, FL 33785			7. Name and Address of New Registered Agent Name PENDLEY, SHARON L. Street Address (P.O. Box Number is Not Acceptable) 1242 HARBOR HILLS DRIVE City LARGO FL Zip Code 33770		
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 <u><i>Sharon L. Pendley</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PENDLEY, SHARON L 220 GULF BLVD UNIT E INDIAN ROCKS BCH, FL 33785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Sharon L. Pendley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					