




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 037 ***150.00

| | | | | | |
|--|---------------------------------|--|--|---|--|
| DOCUMENT # P05000137962 1. Entity Name SHARINE TRANSPORTATION, INC. | | | |  | |
| Principal Place of Business 931 W. ORANGE BLOSSOM TRAIL APT. C APOPKA, FL 32712 | | | | Mailing Address 931 W. ORANGE BLOSSOM TRAIL APT. C APOPKA, FL 32712 | |
| 2. Principal Place of Business 809 Disston Ave Suite, Apt. #, etc. | | 3. Mailing Address 809 Disston Ave Suite, Apt. #, etc. | |  | |
| City & State Clermont FL | | City & State Clermont FL | | 4. FEI Number 06-2041318 | |
| Zip 34711 | | Country Lake | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITH, JAMES 931 W. ORANGE BLOSSOM TRAIL APT. C APOPKA, FL 32712 | | | | 7. Name and Address of New Registered Agent Name Smith, James Street Address (P.O. Box Number is Not Acceptable) 809 Disston Ave City Clermont FL Zip Code 34711 | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME SMITH, JAMES STREET ADDRESS 931 W. ORANGE BLOSSOM TRAIL APT. C CITY-ST-ZIP APOPKA, FL 32712 | <input type="checkbox"/> Delete | | TITLE P NAME James Smith STREET ADDRESS 809 Disston Ave CITY-ST-ZIP Clermont FL 34711 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 4-27-06 Date Daytime Phone # | | |