

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092745

FILED
Mar 06, 2009
Secretary of State

Entity Name: CNL SHARED SERVICES, INC.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3285001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCCE () Delete
Name: SENEFF, JAMES M JR
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DVP () Delete
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: AT () Delete
Name: TIPTON, TAMMY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: P () Delete
Name: SENEFF, TIMOTHY J
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: SCARCELLI, LINDA A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: SCHMIDT, TRACY G
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. SENEFF

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date