
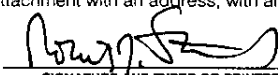


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90003 024 ***150.00

DOCUMENT # P94000094064 1. Entity Name SHARIT, BUNN & CHILTON, P.A.					
Principal Place of Business 99 SIXTH ST SW WINTER HAVEN FL 33880			Mailing Address PO BOX 9498 WINTER HAVEN FL 33883 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHILTON, CHARLES R 99 SIXTH ST SW WINTER HAVEN FL 33880			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNN, R. SCOTT		NAME		
STREET ADDRESS	99 SIXTH ST SW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILTON, CHARLES R		NAME		
STREET ADDRESS	99 SIXTH ST SW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDEN, M. LANCE		NAME		
STREET ADDRESS	99 SIXTH ST SW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAMBAUGH, ROBERT J		NAME		
STREET ADDRESS	99 SIXTH ST., S.W.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTZ, KELLY P		NAME	Botz, Kelly P.	
STREET ADDRESS	99 6TH STREET, SW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Robert J. Stambaugh, VP 2-5-04 667/257-5046 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (11/03)