

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3285449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHILTON, CHARLES R
99 SIXTH ST SW
WINTER HAVEN, FL 33880

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IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BUNN, R. SCOTT
99 SIXTH ST SW
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CHILTON, CHARLES R
99 SIXTH ST SW
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HOLDEN, M. LANCE
99 SIXTH ST SW
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
STAMBAUGH, ROBERT J
99 SIXTH ST., S.W.
WINTER HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
BUTZ, KELLY P
99 6TH STREET, SW
WINTER HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000262437
03/14/05-80052-012 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Stambaugh 3-11-05 863-253-5800