


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 040 ***158.75

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1. Entity Name
 SHARON STAGE & ASSOCIATES, INC.



Principal Place of Business 4801 S UNIVERSITY DR SUITE 209 DAVIE, FL 33328	Mailing Address 4801 S UNIVERSITY DR SUITE 209 DAVIE, FL 33328
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30004233

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0623769	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAGE, SHARON
 4801 S UNIVERSITY DR
 SUITE 209
 DAVIE, FL 33328

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTVS
NAME	STAGE, SHARON
STREET ADDRESS	4801 S UNIVERSITY DR SUITE 209
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	Sec. Treas.
NAME	CAROLYN F. WILSON
STREET ADDRESS	510 NW 78 WAY
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	John Robert McMillan
STREET ADDRESS	4801 S. University DR. #
CITY-ST-ZIP	DAVIE, FL 33328 209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon Stage 03-09-06 954-4345770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #