


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90043 006 ***150.00

DOCUMENT # P96000074260

1. Entity Name
 SHARON GIFFARD, P.A.



40000444



Principal Place of Business
 603 SHERWOOD DRIVE
 ALTAMONTE SPRINGS, FL 32701

Mailing Address
 603 SHERWOOD DRIVE
 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042008 Chg-P CR2E034 (12/06)

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number
 59-3396209

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRESNICK, SHARON A
 603 SHERWOOD DRIVE
 ALTAMONTE SPRINGS, FL 32701

MARRIED NAME →

7. Name and Address of New Registered Agent

Name
 GIFFARD, SHARON A

Street Address (P.O. Box Number is Not Acceptable)
 603 SHERWOOD DRIVE

City ALTAMONTE SPRINGS FL Zip Code 32701

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: Sharon Giffard DATE: Jan 4, 2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B G BRESNICK, SHARON A 603 SHERWOOD DRIVE ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIFFARD, SHARON A 603 SHERWOOD DRIVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 Giffard Date: Jan 4, 08 Daytime Phone #: 407 260-8355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P96000074260

Business Entity Name SHARON GIFFARD, P.A.

Original File Date 09/03/1996

FEI Number 59-3396209

Principal Address 603 SHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32701

Mailing Address 603 SHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32701

Registered Agent SHARON A BRESNICK
603 SHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Officer/Director Name And Address

D
SHARON A BRESNICK
603 SHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32701

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

If you need to make
changes to the above
information, please
select: