2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063687

Entity Name: SHARON CONCHIGLIO, INC.

FILED Jan 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 560 NE 14TH ST 114 CHOLOKKA BLVD OCALA, FL 34470 US MICANOPY, FL 32667 US **Current Mailing Address: New Mailing Address:** PO BOX 494 560 NE 14TH ST OCALA, FL 34470 US ORANGE LAKE, FL 32681 US FEI Number: 59-3460764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONCHIGLIO, SHARON 841 N.E. 120TH PLACE OCALA, FL 34479 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CONCHIGLIO, SHARON Name: Name: 841 N.E. 120TH PLACE Address: Address: City-St-Zip: OCALA, FL 34479 City-St-Zip: () Delete Title: Title: () Change () Addition EBERLEIN, DAN Name: Name: 841 NE 120 PL Address: Address: OCALA, FL 34479 City-St-Zip: 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: SHARON CONCHIGLIO PRES 01/28/2008