


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90224 001 ***150.00
06-02-2008 90224 002 *****8.75

DOCUMENT # P97000072139 1. Entity Name SHARON T. RING, P.A.	
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Principal Place of Business 927 SW 35TH CT BOYNTON BEACH, FL 33435	Mailing Address 927 SW 35TH CT BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE

00016006



05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0802284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RING, SHARON T
927 SW 35TH CT
BOYNTON BEACH, FL 33435**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RING, SHARON T 927 SW 35TH CT BOYNTON BEACH, FL 33435
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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 T. Ring 5-12-08 361-738-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #