


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000069656 1. Entity Name SHARON GRIFFIN, P.A.	
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Principal Place of Business 800 MADONNA BLVD UNIT C TIERRA VERDE, FL 33715	Mailing Address 800 MADONNA BLVD UNIT C TIERRA VERDE, FL 33715
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04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3524766	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 2310 WEST BAY DRIVE LARGO, FL 33770
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, SHARON 800 MADONNA BLVD., UNIT C TIERRA VERDE, FL 33715
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04/21/05-80001-022 150.00

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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: <u>Sharon Griffin P.A.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/18/05</u> <small>Daytime Phone #</small>