

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S29072



1. Entity Name
SHARPON, INC.

Principal Place of Business
2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO, FL 32801

Mailing Address
2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHARP, JOEL H., JR
2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO, FL

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3052477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$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.

10. OFFICERS AND DIRECTORS

TITLE VPS
NAME WILSON, REBECCA S
STREET ADDRESS 200 S. ORANGE AVE., SUITE 2300
CITY-ST-ZIP ORLANDO, FL 32801

TITLE DPT
NAME WILSON, REBECCA S
STREET ADDRESS 200 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2004 407-649-4019
Date Daytime Phone #