


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000077113
 1. Entity Name
 SHARON LEIGHTON INC.



Principal Place of Business Mailing Address
 270 SEA DUNES DRIVE 270 SEA DUNES DRIVE
 MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 03-0524652 Not Applicable

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

6. Name and Address of Current Registered Agent
 LEIGHTON, SHARON
 270 SEA DUNES DRIVE
 MELBOURNE BEACH, FL 32951

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 _____ DATE _____
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, 2005 Fee will be \$550.00

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

U000000210260
 02/02/05-80070-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PSTD
 NAME LEIGHTON, SHARON
 STREET ADDRESS 270 SEA DUNES DRIVE
 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE VD
 NAME LEIGHTON, EWAN
 STREET ADDRESS 270 SEA DUNES DRIVE
 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(f), 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 Leighton* 1-31-05 321-729-0868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #