2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # K43326 1. Entity Name			A	04-07-2005 90018 041 ***150.00				50.00
SHARP INFORMATION SERVICES, INC.								
Principal Place % VIRGINIA M 2935 HERITA JACKSONVILL	(. Sharp	Mailing Address % VIRGINIA K. SHARP 2935 HERITAGE TRAIL JACKSONVILLE, FL 3225	7 US		I TRAINTII RIE OI			9 110 0 1 11 1201
2005		3. Mailing Address 2005 Many	osa Vista	Ln				
Suite, Apt.	5	Suite, Apt. #, etc. #135		030	82005	Chg-P	CR2E034 (10/03)	·
City & State	- Augustine FLOR	Sairet Ave u	stive !		El Number 5 9-291 5		-	pplied For lot Applicable
320	S 4 Country	32084 J	Country	5. C	crtificate of	f Status Desired	□ \$8.75 Ad Fee Require	lditional
	6. Name and Address of Current P	legistered Agent		7. N	ame and A	ddress of New R	egistered Agent	
O114 DD 14	IDONIA W		Name	livan	-	K 51	a noD	
SHARP, VIRGINIA K. 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257			Street Address (PO. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32237		-4	= 13	5	7		
			City	SAT	Auol	etho	FL Zip Co	584
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or r	egistered age	ent, or both	, in the State of Flo		
SIGNATURE DARNIE K. Shows 3-8-2005								
	Signature, typed or printed name of registered agent ar	nd title if applicable. NOTE: R	egistered Agent signatur	e required when rei	nstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 M Added to F				
		Trust Fund Contrib		Added to F	ees	HANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
After Ma	officers and c	Trust Fund Contrib	ution.	Added to F	ees	HANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
After Ma 10. TITLE NAME	officers and c OFFICERS AND C PD SMARP, VIRGINIA K.	Trust Fund Contrib	TITLE NAME	Added to F	ees	HANGES TO OFFI		
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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 ampowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BENECTO

rginia K. Shar

3-8-2005 904-910-089 Daylome Phone i