

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # 638246

1. Entity Name
SHARPE'S BODY SHOP INC.



Principal Place of Business
**7731 INDUSTRIAL STREET
WEST MELBOURNE, FL 32904-1630**

Mailing Address
**7731 INDUSTRIAL STREET
WEST MELBOURNE, FL 32904-1630**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2086361** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHARPE, WILLIAM C.
7731 INDUSTRIAL STREET
W. MELBOURNE, FL 32904**

**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

Lisa A. Canada

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CANADA, LISA A
1697 LARA STREET
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SHARPE, WILLIAM C
242 RITTER AVE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CANADA, MARK A
1697 LARA STREET
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHARPE, DONNA L
242 RITTER AVE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000762814
05/29/07-80023-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Lisa A. Canada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

DATE

321 727-1922

Daytime Phone #