


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90117 001 *1,100.00

DOCUMENT # F00000003098					
1. Entity Name SHARPGAS, INC.					
Principal Place of Business 1015 6TH STREET, N.W. WINTER HAVEN, FL 33881			Mailing Address 1015 6TH STREET, N.W. WINTER HAVEN, FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06102005 Chg-P CR2E034 (10/03)	
4. FEI Number 51-0255314				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CD	NAME SCHIMKAITIS, JOHN R	<input type="checkbox"/> Delete	TITLE CEO and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1015 6TH STREET, N.W.	CITY-ST-ZIP WINTER HAVEN, FL 33881		NAME 		
TITLE VT	NAME MCMASTERS, MICHAEL P	<input type="checkbox"/> Delete	TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1015 6TH STREET, N.W.	CITY-ST-ZIP WINTER HAVEN, FL 33881		NAME 		
TITLE S	NAME BOYLES, WILLIAM C	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1015 6TH STREET, N.W.	CITY-ST-ZIP WINTER HAVEN, FL 33881		NAME 		
TITLE CFO	NAME ZOLA, BOB	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1015 6TH ST. NW	CITY-ST-ZIP WINTER HAVEN, FL 33881		NAME 		
TITLE ATAS	NAME COOPER, BETH W	<input type="checkbox"/> Delete	TITLE Assistant Vice President, Treasurer and Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1015 6TH STREET, N.W.	CITY-ST-ZIP WINTER HAVEN, FL 33881		NAME 		
TITLE Vice President	NAME Thomas A. Geoffroy	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1015 6th Street N.W.	CITY-ST-ZIP Winter Haven, FL 33881		NAME 		
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: <i>Beth W. Cooper</i>			Date: <i>6/10/05</i> Daytime Phone #: <i>302-134-6022</i>		