

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0255314

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	SCHIMKAITIS, JOHN R
STREET ADDRESS	1015 6TH STREET, N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	CFO
NAME	MCMASTERS, MICHAEL P
STREET ADDRESS	1015 6TH STREET, N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	P
NAME	ZOLA, BOB
STREET ADDRESS	1015 6TH ST. NW
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	AVPT
NAME	COOPER, BETH W
STREET ADDRESS	1015 6TH STREET, N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	VP
NAME	GEOFFROY, THOMAS A
STREET ADDRESS	1015 6TH STREET N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80033-003 150.00

**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:

Thomas A. Geoffroy **Thomas A. Geoffroy**

4-10-07

863-292-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #