2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# F92184

Entity Name: SHARP'S MOBILE HOME PARK, INC.

Current Principal Place of Business:

5620-1 LAKE LIZZIE DR.
ST CLOUD, FL 34771 US

New Principal Place of Business:

5620 LAKE LIZZIE DR.
LOT 1
ST CLOUD, FL 34771 US

Current Mailing Address:

5620-1 LAKE LIZZIE DR.
ST CLOUD, FL 34771 US

New Mailing Address:

5620 LAKE LIZZIE DR.
LOT 1
ST CLOUD, FL 34771 US

FEI Number: 59-2243337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP JR., ALVIN R
5620-1 LAKE LIZZIE DR.
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

SHARP JR., ALVIN R
5620 LAKE LIZZIE DR.
LOT 1
ST CLOUD, FL 34771 US

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.

SIGNATURE: ALVIN R SHARP JR 01/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHARP JR, ALVIN R,
Address: 5620-1 LAKE LIZZIE DR.
City-St-Zip: SAINT CLOUD, FL 34771

Title: VPD ( ) Delete
Name: SHARP, SUSAN
Address: 5620-1 LAKE LIZZIE DR.
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHARP JR, ALVIN R,
Address: 5620 LAKE LIZZIE DR. LOT 1
City-St-Zip: ST CLOUD, FL 34771

Title: VPD (X) Change ( ) Addition
Name: SHARP, SUSAN
Address: 5620 LAKE LIZZIE DR. LOT 1
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN R SHARP JR P 01/08/2006
Electronic Signature of Signing Officer or Director Date