2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006644

1. Entity Name
SHARP ENERGY, INC.

Principal Place of Business	Mailing Address
1015 6TH STREET, N.W.	1015 6TH STREET, N.W.
WINTER HAVEN, FL 33881	WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

66010511

03202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0313052	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

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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, 2006 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AVPT
NAME	COOPER, BETH W
STREET ADDRESS	1015 6TH STREET N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	CEOD
NAME	SCHIMKAITIS, JOHN R
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	CFO
NAME	MCMASTERS, MICHAEL P
STREET ADDRESS	1015 6TH STREET N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	P
NAME	ZOLA, ROBERT
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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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 G Groffroy* Thomas A. Geoffroy   3-21-06   863-293-2125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #