

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J81356**

1. Entity Name  
**THARPE ENTERPRISES, INC.**



Principal Place of Business  
**% RICHARD THARPE  
3653 WESTMORLAND DR.  
TALLAHASSEE, FL 32303-2027**

Mailing Address  
**% RICHARD THARPE  
3653 WESTMORLAND DR.  
TALLAHASSEE, FL 32303-2027**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2836663**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THARPE, RICHARD  
3653 WESTMORLAND DR.  
TALLAHASSEE, FL 32303**

**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

Signer typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
THARPE, RICHARD  
3653 WESTMORLAND DR.  
TALLAHASSEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
THARPE, LYNDIA B.  
3653 WESTMORLAND DR.  
TALLAHASSEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000536608  
05/08/06-80099-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I, the undersigned, 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 included 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 applicable, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Richard B Tharpe* *Lyndia B Tharpe* 4/24/06