2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90018 041 ***150.00

400048960

DOCUMENT # K43326

1. Entity Name
SHARP INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
% VIRGINIA K. SHARP 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 US	% VIRGINIA K. SHARP 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 US

03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2005 Mariposa Vista Ln	2005 Mariposa Vista Ln
Suite, Apt. #, etc.: #135	Suite, Apt. #, etc.: #135
City & State: Saint Augustine, FL	City & State: Saint Augustine FL
Zip: 32084 Country:	Zip: 32084 Country:

4. FEI Number: 59-2915887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARP, VIRGINIA K.
2935 HERITAGE TRAIL
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name: Virginia K Sharp
Street Address (P.O. Box Number is Not Acceptable): 2005 Mariposa Vista Ln #135
City: Saint Augustine FL Zip Code: 32084

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: Virginia K. Sharp   DATE: 3-8-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHARP, VIRGINIA K. 2935 HERITAGE TRAIL JACKSONVILLE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDVST Virginia K. Sharp 2005 Mariposa Vista Ln #135 Saint Augustine, FL 32084	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHARP, VIRGINIA K. 2935 HERITAGE TRAIL JACSKSONVILLE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Virginia K. Sharp Virginia K. Sharp 3-8-2005 904-910-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #