


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90011 040 ***150.00

DOCUMENT # L58057	
1. Entity Name SHARP SERVICES OF NORTH FLORIDA, INC.	

Principal Place of Business 144 MARINA BAY DR. NEW SMYRNA BEACH FL 32169 US	Mailing Address C/O LORRAINE SHARP PO BOX 631 NEW SMYRNA BEACH FL 32170 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 144 MARINA Bay Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State New Smyrna Beach
Zip	Zip 32169
Country	Country US



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2997599		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LORRAINE SHARP 144 MARINA BAY DR. NEW SMYRNA BEACH FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SHARP, LORRAINE 144 MARINA BAY DR. NEW SMYRNA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lorraine Sharp, President* **LORRAINE SHARP** 2/18/07 (386) 458-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #