

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L98050 1. Entity Name SHARPE PROJECT DEVELOPMENTS, INC.	
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Principal Place of Business 1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316 US	Mailing Address 1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316 US
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3027669	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHARPE, ORLANDO
1212 S. ANDREWS AVENUE
SUITE 203
FT LAUDERDALE, FL 33316**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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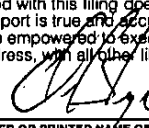
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SHARPE, ORLANDO 1212 S. ANDREWS AVENUE, SUITE 203 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOPP, DAVID A 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SICILIANO, KIMBERLEY J 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SHARPE, ORLANDO 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/13/07-80008-005 150.00

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:  **1/31/07** **954-832-9095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #