


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000122139		
1. Entity Name SHARP HR ASSOCIATES INC.		
Principal Place of Business 1212 SE 15TH AVE. DEERFIELD BEACH, FL 33441	Mailing Address 1212 SE 15TH AVE. DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent GANT, BARBARA E 1212 SE 15TH AVE. DEERFIELD BEACH, FL 33441		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)</small>		DATE _____
FILE NOW!!! FEE IS \$530.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GANT, D. BRUCE 1212 SE 15TH AVE. DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GANT, BARBARA E 1212 SE 15TH AVE. DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Barbara E. Gant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/10/05</u> <u>954 533 5670</u> <small>Date Daytime Phone #</small>



07102005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2995584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required