


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000021058	
1. Entity Name THE SHARPER EDGE & ASSOCIATES, INC.	

Principal Place of Business 19 POWDER LANE PALM COAST, FL 33164	Mailing Address 19 POWDER LANE PALM COAST, FL 33164
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DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

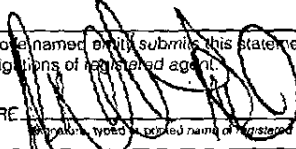
4. FEI Number 03-0447043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAVAGLIO, MICHAEL
19 POWDER LANE
PALM COAST, FL 33164**

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  DATE **2-15-06**

(NOTE: Registered Agent signature required when reappointing)

**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**

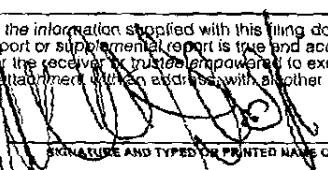
**1101100461063
03/20/06-80034-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVAGLIO, MICHAEL 19 POWDER LANE PALM COAST, FL 33164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAVAGLIO, JULIE A 19 POWDER LANE PALM COAST, FL 33164
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	

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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 appointment, when address with another like empowered.

SIGNATURE  DATE **2-15-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #