

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 014 ***150.00

DOCUMENT # P02000021969

1. Entity Name
LAW OFFICE OF JOHN F. SHARPLESS, P.A.



Principal Place of Business
**3444 S. WESTSHORE BLVD.
TAMPA, FL 33629**

Mailing Address
**3444 S. WESTSHORE BLVD.
TAMPA, FL 33629**

14000387



2. Principal Place of Business
4200 W. Cypress St.

3. Mailing Address
4200 W. Cypress St.

Suite, Apt. #, etc.
Suite 175

Suite, Apt. #, etc.
Suite 175

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33607

Country
Hillsborough

Zip
33607

Country
Hillsborough

01042005 Chg-P CR2E034 (10/03)

4. FEI Number
41-2027865

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPLESS, JOHN F
3444 S WESTSHORE BLVD
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
SHARPLESS, JOHN F.

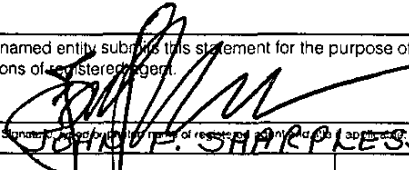
Street Address (P.O. Box Number is Not Acceptable)
4200 W. Cypress St, Suite 175

City
Tampa

State
FL

Zip Code
33607

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, the registered agent.

SIGNATURE  **JOHN F. SHARPLESS** (NOTE: Registered Agent signature required when reinstating)

DATE **04/13/05**

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 SHARPLESS, JOHN F 3444 S. WESTSHORE BLVD. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHARPLESS, JOHN F 4200 W. Cypress St. Suite 175 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JOHN F. SHARPLESS**

Date **04/13/05** 813 876-3333