

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
May 17, 2006 8:00 am
Secretary of State

04-24-2006 90459 050 ***150.00

DOCUMENT # P02000049974

1. Entity Name
 SHARPE FAMILY ENTERPRISES, INC.



Principal Place of Business
 4927 SOUTHFORK DR.
 LAKELAND, FL 33813

Mailing Address
 4927 SOUTHFORK DR.
 LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
 06-1651739

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MUNDY, CRAIG A
 4927 SOUTHFORK DR.
 LAKELAND, FL 33813

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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 re-issuing) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHARPE, MARY W
STREET ADDRESS	4500 BETHLEHEM RD.
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	DVP
NAME	SHARPE, ISHAM M III
STREET ADDRESS	5954 WHITEHEAD ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	DS
NAME	SHARPE, GARY N
STREET ADDRESS	5295 ALBRITTON ROAD
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	DT
NAME	WYNN, LANITA S
STREET ADDRESS	5480 ALBRITTON ROAD
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	D
NAME	SHARPE, JESSE W
STREET ADDRESS	1604 LEIGHTON
CITY-ST-ZIP	LAKELAND, FL 33803
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 attachment with an address, with all other like empowered.

SIGNATURE: Mary W Sharpe Denise Patton May 8 06 863-428-1374

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