


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90018 034 ***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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUNDY, CRAIG A 4927 SOUTHFORK DR. LAKELAND, FL 33813				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARPE, MARY W		NAME		
STREET ADDRESS	4500 BETHLEHEM RD.		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARPE, ISHAM M III		NAME		
STREET ADDRESS	5954 WHITEHEAD ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARPE, GARY N		NAME		
STREET ADDRESS	5295 ALBRITTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYNN, LANITA S		NAME		
STREET ADDRESS	5480 ALBRITTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARPE, JESSE W		NAME		
STREET ADDRESS	1604 LEIGHTON		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lanita Sharpe Wynn, Treasurer</i>			Date: 1/12/08 (863) 428-1743		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Lanita Sharpe Wynn</i>			Date Daytime Phone #		

40004034



01092008 Chg-P CR2E034 (12/06)

4. FEI Number 06-1651739 Applied For Not Applicable

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

FL

Zip Code