

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049974

FILED
Jun 23, 2009
Secretary of State

Entity Name: SHARPE FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

4927 SOUTHFORK DR.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4927 SOUTHFORK DR.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 06-1651739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHARPE, MARY W
Address: 4500 BETHLEHEM RD.
City-St-Zip: MULBERRY, FL 33860

Title: DVP () Delete
Name: SHARPE, ISHAM M III
Address: 5954 WHITEHEAD ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: DS () Delete
Name: SHARPE, GARY N
Address: 5295 ALBRITTON ROAD
City-St-Zip: MULBERRY, FL 33860

Title: DT () Delete
Name: WYNN, LANITA S
Address: 5480 ALBRITTON ROAD
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: SHARPE, JESSE W
Address: 1604 LEIGHTON
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANITA S WYNN

DT

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date