


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000000616</b> 1. Entity Name <b>SHARP ENTERPRISES, INC.</b>	
--	---

Principal Place of Business <b>2611 NE 20TH AVENUE CAPE CORAL, FL 33909</b>	Mailing Address <b>2611 NE 20TH AVENUE CAPE CORAL, FL 33909</b>
--	--

**DO NOT WRITE IN THIS SPACE**



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3679712</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  
  
**GUARD, JOHN E  
2611 NE 20TH AVENUE  
CAPE CORAL, FL 33909**

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, DOUGLAS M 2611 NE 20TH AVENUE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, JENNIFER I 2611 NE 20TH AVENUE CAPE CORAL, FL 33909
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	

1100000374971  
07/29/05-80007-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: <u><i>Douglas M Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/26/05</u> <small>Date</small>	<u>239-573-7237</u> <small>Daytime Phone #</small>
---	---------------------------------------	---