

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035956

Entity Name: SHARP DB, INC.

FILED
Aug 09, 2004
Secretary of State

Current Principal Place of Business:

134 SEA STREET
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

8910 DICKS HILL PARKWAY
TOCCOA, GA 30577

Current Mailing Address:

134 SEA STREET
NEW SMYRNA BCH, FL 32168

New Mailing Address:

8910 DICKS HILL PARKWAY
TOCCOA, GA 30577

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONCURE, MOLLY A
134 SEA STREET
NEW SMYRNA BCH, FL 32168

Name and Address of New Registered Agent:

DONOHUE, DONNA
110 MAGNOLIA STREET
EDGEWATER, FL 32132

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: DONNA DONOHUE

08/09/2004

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: DPT () Delete
Name: MONCURE, MOLLY A
Address: 134 SEA STREET
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: DVS () Delete
Name: MONCURE, PETER W
Address: 134 SEA STREET
City-St-Zip: NEW SMYRNA BCH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MONCURE, MOLLY A
Address: 8910 DICKS HILL PARKWAY
City-St-Zip: TOCCOA, GA 30577

Title: DVS (X) Change () Addition
Name: MONCURE, PETER W
Address: 8910 DICKS HILL PARKWAY
City-St-Zip: TOCCOA, GA 30577

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MOLLY A. MONCURE

DPT

08/09/2004

Electronic Signature of Signing Officer or Director

Date