

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131882

FILED
Aug 30, 2004
Secretary of State

Entity Name: ROBERT ALLEN SHARPLESS, INC.

Current Principal Place of Business:

16797 TALQUIN SPRINGS DR.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

16797 TALQUIN SPRINGS DR.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 20-0397199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES AND JAMES, P.A.
2629 BLAIR STONE RD.
TALLAHASSEE, FL 32301 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: P () Delete
Name: SHARPLESS, ROBERT A
Address: 16797 TALQUIN SPRINGS DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: VP () Delete
Name: HENDERSON, LEE
Address: 16797 TALQUIN SPRINGS DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: VP (X) Delete
Name: WILLIAMSOM, HENRY
Address: 16797 TALQUIN SPRINGS DR.
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SHARPLESS, JEAN E
Address: 16797 TALQUIN SPRINGS DR.
City-St-Zip: TALLAHASSEE, FL 32310

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

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: ROBERT A. SHARPLESS

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08/30/2004

Electronic Signature of Signing Officer or Director

Date