

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000054485

1. Entity Name
SHARRS INVESTORS INC.



Principal Place of Business
**94 SPRING GLEN COURT
DEBARY, FL 32713 US**

Mailing Address
**94 SPRING GLEN COURT
DEBARY, FL 32713 US**



07242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2672628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, MAX
94 SPRING GLEN COURT
DEBARY, FL 32713**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000770777
07/27/07-90006-017 550.00

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	SMITH, MAX
STREET ADDRESS	94 SPRING GLEN COURT
CITY - ST - ZIP	DEBARY, FL 32713
TITLE	VP D
NAME	RICHARDS, DAVID
STREET ADDRESS	1695 ASTER FARMS PLACE
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	S D
NAME	STEELE, STEVE
STREET ADDRESS	315 GLEN CLUB DRIVE
CITY - ST - ZIP	DEBARY, FL 32713
TITLE	T D
NAME	HAREWOOD, TYRONE
STREET ADDRESS	4010 KILMARNOCK DRIVE
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	D
NAME	RICHARDS, FLOYD
STREET ADDRESS	1695 ASTER FARMS PLACE
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	D
NAME	ANDREWS, MARTIN
STREET ADDRESS	94 SPRING GLEN COURT
CITY - ST - ZIP	DEBARY, FL 32713

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/07