


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90430 034 ***150.00

DOCUMENT # P05000154066 1. Entity Name SHARPE MANAGEMENT, INC.					
Principal Place of Business 918 VILLA FLORENZA DRIVE NAPLES, FL 34119			Mailing Address 918 VILLA FLORENZA DRIVE NAPLES, FL 34119		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHARPE, GARY L 918 VILLA FLORENZA DRIVE NAPLES, FL 34119				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT SHARPE, GARY L <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARPE, GARY L		NAME		
STREET ADDRESS	918 VILLA FLORENZA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARPE, CONNIE H		NAME		
STREET ADDRESS	918 VILLA FLORENZA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Gary L Sharpe, President</i>			4/28/06 614-469-4778 <small>Date Daytime Phone #</small>		

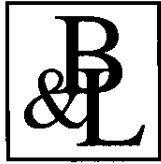
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04282006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3664445** Applied For
Not Applicable

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



BECKER & LILLY, LLC

Attorneys-At-Law

100 E. Broad Street • Suite 2320 • Columbus, OH 43215
614-469-4778 • Fax: 614-469-4779

ATTACHMENT

40080364

BETH E. LEYDA, CLA CERTIFIED LEGAL ASSISTANT bleyda@beckerlilly.com

April 28, 2006

Via Federal Express -Overnight Delivery

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Sharpe Management, Inc.
Document # P05000154066

Dear Sir or Madam:

I am enclosing herewith the 2006 For Profit Corporation Annual Report for the above referenced entity and a check in the amount of \$150.00 for the required filing fee.

Kindly file-stamp the additional copy of the Annual Report and return it to me in the enclosed envelope.

Thank you for your attention this matter. Kindly contact me with any questions.

Sincerely,

Beth E. Leyda, CLA
Certified Legal Assistant

Enclosure

cc: Gary and Connie Sharpe