

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000114465

1. Entity Name
SHARPE CONTRACTING SERVICES INC



Principal Place of Business

10426 BENEVA DR.
TAMPA, FL 33647

Mailing Address

10426 BENEVA DR.
TAMPA, FL 33647

2. Principal Place of Business - No P.O. Box #

12252 Derby Race Lane

Suite, Apt. #, etc.

3. Mailing Address

12252 Derby Race Lane

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33626

Country

Hillsborough

Zip

33626

Country

Hillsborough

08082007

Chg-P

CR2E034 (12/06)

4. FEI Number

61-1507272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLATER, JASON A
1518 CLEMENT ROAD
LOT #26
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 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 P
NAME WEATHERSBY, KALVIN L
STREET ADDRESS 10426 BENEVA DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Kalvin Weathersby* *Kalvin Weathersby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-07

Date

813-420-7076

Daytime Phone #

FILED
07 SEP 17 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

