

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-24-2007 90046 018 ***150.00

DOCUMENT # P93000080062 1. Entity Name SHARP FINANCIAL, INC.																																																																																																																																			
Principal Place of Business 31-300 ROUND LAKE ROAD MOUNT DORA FL 32757				Mailing Address P O BOX 1059 SORRENTO FL 32776-1059																																																																																																																															
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 59-3211361																																																																																																																															
Zip		Country		☐ Applied For ☐ Not Applicable																																																																																																																															
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																															
LOE, BRIAN R 3074 W. LAKE MARY BLVD., #136 LAKE MARY FL 32746				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 _____ DATE _____ Signature, typed or printed name of registered agent and date is applicable (NOTE: Nonresident Agent signature required when registering)																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SHARP, BOBBY M PRES</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1059</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SORRENTO FL 32776</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>TOWNSEND, DAWN V VP</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>317 BUTTONWOOD DR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE MARY FL 32746</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	SHARP, BOBBY M PRES		NAME			STREET ADDRESS	P.O. BOX 1059		STREET ADDRESS			CITY- ST- ZIP	SORRENTO FL 32776		CITY- ST- ZIP			TITLE	D		TITLE			NAME	TOWNSEND, DAWN V VP		NAME			STREET ADDRESS	317 BUTTONWOOD DR.		STREET ADDRESS			CITY- ST- ZIP	LAKE MARY FL 32746		CITY- ST- ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  BOBBY M. SHARP / President 2-10-07 (407) 221-6219 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copyright Phone #																																																																																																																																			