

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90022 032 ***150.00

DOCUMENT # P94000083230

1. Entity Name

SHARP LINE DESIGN & CONSTRUCTION, INC.



Principal Place of Business

9924 FAIRWAY CIRCLE
LEESBURG FL 34788

Mailing Address

9924 FAIRWAY CIRCLE
LEESBURG FL 34788

2. Principal Place of Business

10728 DARK WATER CT.

3. Mailing Address

PO Box 1822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT

City & State

MINNEOLA

Zip

34711

Country

US

Zip

34755

Country

US

4. FEI Number

59-3283687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAYFORD, JAMES
9924 FAIRWAY CIRCLE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

GRAYFORD, JAMES

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

10728 DARK WATER CT.

City

CLERMONT

FL

Zip Code

34711

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

After May 1, 2004 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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAYFORD, JAMES	
STREET ADDRESS	9924 FAIRWAY CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAYFORD, DEBORAH	
STREET ADDRESS	9924 FAIRWAY CIRCLE	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES GRAYFORD	
STREET ADDRESS	10728 DARK WATER CT.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH GRAYFORD	
STREET ADDRESS	10728 DARK WATER CT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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

JAMES GRAYFORD

3/1/04 - 352-267-4511

Date Daytime Phone #