

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90196 044 \*\*\*150.00

**DOCUMENT # P95000055981**

1. Entity Name  
**SHARP SHOOTERS LEASING, INC.**



Principal Place of Business  
**1260 LITTLEFIELD DRIVE  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**1260 LITTLEFIELD DRIVE  
NEW PORT RICHEY, FL 34655**

40068507



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3343063**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SELLS, LES  
1260 LITTLEFIELD DRIVE  
NEW PORT RICHEY, FL 34655**

**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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SELLS, LESTER E**  
STREET ADDRESS **1260 LITTLEFIELD DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D**  
NAME **SELLS, SHARON M**  
STREET ADDRESS **1260 LITTLEFIELD DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *Sharon Sells* **SHARON SELLS** + 4/16/07 + 727-458-4241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. Date Daytime Phone #