2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 A Secretary of State DOCUMENT # P95000055981 1. Entity Name SHARP SHOOTERS LEASING, INC. Principal Place of Business Mailing Address 1260 LITTLEFIELD DRIVE 1260 LITTLEFIELD DRIVE **NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655** No Chg-P CR2E034 (11/05) 02202008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3343063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SELLS, LES 1260 LITTLEFIELD DRIVE NEW PORT RICHEY, FL 34655 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SELLS, LESTER È NAME 1260 LITTLEFIELD DRIVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 U00000846538 03/18/08-80031-023 150.00 TITLE SELLS, SHARON M STREET ADDRESS 1260 LITTLEFIELD DRIVE NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 trastee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or tr changed, or on an attachment with ar

CITY - ST - ZIP TITLE NAME STREET ADDRESS

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