

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029464

FILED
Apr 28, 2008
Secretary of State

Entity Name: D & J SHARP ENTERPRISES INC

Current Principal Place of Business:

503 WANDA PL.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

503 WANDA PL.
NOKOMIS, FL 34275 US

New Mailing Address:

P O BOX 1117
NOKOMIS, FL 34274 US

FEI Number: 65-0663549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, DOLORES
503 WANDA PL.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SHARP, DOLORES A
Address: P.O. BOX 973 NA
City-St-Zip: NOKOMIS, FL 34275

Title: P () Delete
Name: SHARP, JOHN
Address: P.O. BOX 973 NA
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: SHARP, DOLORES A
Address: P.O. BOX 1117NA
City-St-Zip: NOKOMIS, FL 34275

Title: P (X) Change () Addition
Name: SHARP, JOHN
Address: P.O. BOX1117NA
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES SHARP

ST

04/28/2008

Electronic Signature of Signing Officer or Director

Date