


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000094491 1. Entity Name D.R. SHARPE ENTERPRISES, INC.	
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Principal Place of Business 5628 S.W. 103RD AVENUE COOPER CITY, FL 33328	Mailing Address 5628 S.W. 103RD AVENUE COOPER CITY, FL 33328
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04092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0717081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHARPE, D.R. 5628 S.W. 103RD AVENUE COOPER CITY, FL 33328
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**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHARPE, D.R. 5628 S.W. 103RD AVENUE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SHARPE, ELIZABETH M 5628 SW 103RD AVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHARPE, RICHARD R 2102 COUNTRY BEND RD S LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHARPE, THOMAS W 10385 SW 50 CT COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PACETTI, LYNDA D 951 SW 95TH TERR PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000519563
05/02/06-80058-012 150.00

**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:

D.R. Sharpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06 9546801264