

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000094491

1. Entity Name
D.R. SHARPE ENTERPRISES, INC.



06-18-2007 90001 035 ***150.00

P96000094491

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

27 JUN 27 AM 8:57

Principal Place of Business
5628 S.W. 103RD AVENUE
COOPER CITY, FL 33328

Mailing Address

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address

Suite, Apt. #, etc.

Cooper City, FL
33328
Pembroke

06082007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0717081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPE, D.R.
5628 S.W. 103RD AVENUE
COOPER CITY, FL 33328

Name

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

City

FL Zip Code

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: *D.R. Sharpe* Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

5/3/07
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: SHARPE, D.R.
STREET ADDRESS: 5628 S.W. 103RD AVENUE
CITY-ST-ZIP: COOPER CITY, FL

Delete

TITLE: DST
NAME: SHARPE, ELIZABETH M
STREET ADDRESS: 5628 SW 103RD AVE
CITY-ST-ZIP: COOPER CITY, FL

Delete

TITLE: VD
NAME: SHARPE, RICHARD R
STREET ADDRESS: 2102 COUNTRY BEND RD S
CITY-ST-ZIP: LAKELAND, FL 33803

Delete

TITLE: VD
NAME: SHARPE, THOMAS W
STREET ADDRESS: 10385 SW 50 CT
CITY-ST-ZIP: COOPER CITY, FL 33328

Delete

TITLE: VD
NAME: PACETTI, LYNDA D
STREET ADDRESS: 951 SW 95TH TERR
CITY-ST-ZIP: PEMBROKE PINES, FL 33025

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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*

STATEMENT OF OFFICER OR DIRECTOR

5/3/07 954-680-1264
Date Daytime Phone #