

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000094491**

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



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

Mailing Address  
**5628 S.W. 103RD AVENUE  
COOPER CITY, FL 33328**



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2008 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

000000888496  
04/22/08-80055-010 150.00

**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* **D.R. Sharpe**

*4/8/08* **4/8/08**

*954 680 1264* **954 680 1264**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #