

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90473 013 ***150.00

DOCUMENT # P98000099135

1. Entity Name
SCOTT SHARP, INC.



Principal Place of Business
**2604 CAPTAINS WAY
JUPITER, FL 33477**

Mailing Address
**2604 CAPTAINS WAY
JUPITER, FL 33477**

2. Principal Place of Business
19331 N. Riverside Dr.
Suite, Apt. #, etc.

3. Mailing Address
19331 N. Riverside Dr.
Suite, Apt. #, etc.

City & State
Tequesta FL

City & State
Tequesta FL

04212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0885123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRISON BROWN ARGIZ & CO.
1001 BRICKELL BAY DR.
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
MORRISON BROWN ARGIZ & FARFA, LLC
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Dr. 9th FL.
City
Miami FL Zip Code
33131

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]**

4/21/04

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, 2004 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
**D SHARP, SCOTT
2604 CAPTAINS WAY
JUPITER, FL 33477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sharp, Scott
19331 N. Riverside Dr
Tequesta, FL 33409** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **[Signature]** **Scott R. Sharp**

4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #