


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90230 011 \*\*\*150.00

<b>DOCUMENT # 117360</b> 1. Entity Name SHERMAN & SONS INCORPORATED	
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Principal Place of Business 119 N. CHURCH AVENUE PO BOX 609 PANAMA CITY, FL 32402	Mailing Address 119 N. CHURCH AVENUE PO BOX 609 PANAMA CITY, FL 32402
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04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0445705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, WALTER C.  
 216 S. CLAIRE DR.  
 PANAMA CITY, FL 32401

**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 \_\_\_\_\_ (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	VPD SHERMAN, T. JEFF, III 410 CHERRY ST. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD SHERMAN, WALTER C. 216 S. CLAIRE DR. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, TOM <del>402 CHERRY ST.</del> 110 BUNKERS COVE RD. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TAL CARSON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Tom Sherman TOM SHERMAN 4/30/04 1-850-769-9491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #