

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # 385703 1. Entity Name SHERIDAN LUMBER, INC.	
--	---

Principal Place of Business 2044 SHERIDAN ST HOLLYWOOD FLA, 33020	Mailing Address P.O. BOX 2385 HOLLYWOOD, FL 33022
---	---

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1366647	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRESPO, RUFINO 2044 SHERIDAN ST HOLLYWOOD, FL 33020	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: Signature of Agent, if applicable, required when renewing) _____ DATE _____

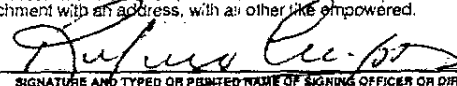
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRESPO, RUFINO 2044 SHERIDAN ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRESPO, OLGA 2044 SHERIDAN ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VIDAL, ROSA L 2044 SHERIDAN ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VIDAL, FRANCISCO 2044 SHERIDAN ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000067791
02/27/04-90014-003 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR