

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J43377
 1. Entity Name
SHERGAR, INC.



Principal Place of Business % VERNON W. LAWSON 4342 DUHME RD MADEIRA BEACH, FL 33708	Mailing Address % VERNON W. LAWSON 4342 DUHME RD MADEIRA BEACH, FL 33708
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2481836	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, VERNON W.
 4342 DUHME ROAD
 MADEIRA BEACH, FL 33708-9809

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

PAID 04/22/04 24549
 04/22/04 24549 027 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, VERNON W. 4342 DUHME RD MADEIRA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAWSON, ELIZABETH V. 4342 DUHME RD MADEIRA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Vernon Lawson DATE: 4/15/04 104727 393-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR