

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90143 036 \*\*\*150.00

**DOCUMENT # P01000074426**

1. Entity Name  
11011 SHERIDAN CORP.



Principal Place of Business  
520 BRICKELL KEY DRIVE STE 1606  
MIAMI, FL 33131

Mailing Address  
520 BRICKELL KEY DRIVE STE 1606  
MIAMI, FL 33131

**14021465**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLK, GLENN G  
520 BRICKELL KEY DRIVE STE 1606  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ ~~W~~  
NAME KOLK, GLENN G ☐ Delete  
STREET ADDRESS 520 BRICKELL KEY DRIVE STE 1606  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ ~~Change~~ ☐ Addition  
NAME *Secretary*  
STREET ADDRESS *Glenn G. Kolk*  
CITY-ST-ZIP

TITLE ☐ ~~PD~~  
NAME WINCH, JAMES S ☐ Delete  
STREET ADDRESS 1800 SE 10TH AVE STE 220  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

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

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

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

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

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

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

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

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

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

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:

*Glenn G. Kolk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Glenn G. Kolk, sec.*

*Apr 28, 2004* *305 374-5200*  
Date Daytime Phone #