

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 343690**

1. Entity Name

**SHERDAK DEVELOPERS CORP**



Principal Place of Business  
**8400 N. UNIVERSITY DR.  
SUITE 109  
TAMARAC FL 33321  
US**

Mailing Address  
**8400 N. UNIVERSITY DR.  
SUITE 109  
TAMARAC FL 33321  
US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1270240**

Applied For  
Not Applicable

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

**SCHREIBER, BRUCE  
8400 N UNIVERSITY DR  
STE 109  
TAMARAC FL 33321**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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 **DV** ☐ Delete  
NAME **SCHREIBER, HENRY**  
STREET ADDRESS **1800 CHANDELLE COURT**  
CITY-ST-ZIP **DAYTONA BCH, FL 33321**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000000329238  
04/25/05-80107-013 150.00**

TITLE **VPD** ☐ Delete  
NAME **SCHREIBER, LOUIS**  
STREET ADDRESS **8400 N. UNIVERSITY DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE **PD** ☐ Delete  
NAME **SCHREIBER, BRUCE**  
STREET ADDRESS **8400 N. UNIVERSITY DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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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:

**Bruce Schreiber President 4/22/05 (954)7228400**