

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 646062

1. Entity Name

SHERZER & ASSOCIATES INSURANCE, INC.



Principal Place of Business

2305 SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32019

Mailing Address

2305 SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32019



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1980188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

SHERZER, MARVIN
2305 S RIDGEWOOD AVE
SOUTH DAYTONA, FL 32019

**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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
P
SHERZER, MARVIN
211 ARLINGTON WAY
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RIPP, GERTIE
2305 SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000000167755
07/22/04-80007-019 550.00

**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)(f), 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: *Gertie Ripp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04

386-788-3500

Date

Daytime Phone #