

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 023 \*\*\*150.00

**DOCUMENT # 850798**

1. Entity Name  
**THE SPERRY AND HUTCHINSON COMPANY, INC.**



Principal Place of Business  
**1625 SOUTH CONGRESS AVENUE  
DELRAY BEACH, FL 33445 US**

Mailing Address  
**211 SOUTH RIDGE STREET  
1ST FLOOR  
RYE BROOK, NY 10573 US**

**40042378**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282007

Chg-P

CR2E034 (12/06)

4. FEI Number

**13-3085363**

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

Name

**CT Corporation**

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

**1200 South Pine Island Road**

City

**Plantation**

FL

Zip Code

**33324**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PEDERSEN, RON	
STREET ADDRESS	16525 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ASHLEY, PERRY	
STREET ADDRESS	211 SOUTH RIDGE STREET	
CITY-ST-ZIP	RYE BROOK, NY 10573	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	SANITAGO, ESTELA	
STREET ADDRESS	1625 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	CARPENTER, JOEL	
STREET ADDRESS	1625 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRICH, JAMES B	
STREET ADDRESS	1625 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, STUART	
STREET ADDRESS	1625 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*R. Pedersen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-2007**

Date

**941-454-7685**

Daytime Phone #