

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006920

1. Entity Name
M.H. SHERMAN COMPANY



Principal Place of Business
**2077 WEST COAST HIGHWAY
NEWPORT BEACH, CA 92663**

Mailing Address
**P.O. BOX 1715
NEWPORT BEACH, CA 92659**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-1218180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CADWALADER, CRAIG
1550 SE 17TH STREET
FT. LAUDERDALE, FL 33316**

**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 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	C
NAME	HASKELL, DONALD
STREET ADDRESS	2077 WEST COAST HIGHWAY
CITY-ST-ZIP	NEWPORT BEACH, CA 92663
TITLE	DPT
NAME	DANIELS, D.T.
STREET ADDRESS	2077 WEST COAST HIGHWAY
CITY-ST-ZIP	NEWPORT BEACH, CA 92663
TITLE	DV
NAME	CADWALADER, CRAIG
STREET ADDRESS	1550 SE 17TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	S
NAME	DAVIS, BARBARA J
STREET ADDRESS	2077 WEST COAST HIGHWAY
CITY-ST-ZIP	NEWPORT BEACH, CA 92663
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A. J. Daniels

3/9/07

944-642-1626