

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G51980

1. Entity Name
SHERWOOD FOREST OF TEMPLE TERRACE, INC.



Principal Place of Business
**10935-B N 56TH ST
TEMPLE TERRACE, FL 33617 US**

Mailing Address
**10935-B N 56TH ST
TEMPLE TERRACE, FL 33617 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2311228

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOMASINO, SHERRILL M.
12301 N 52ND STREET
TAMPA, FL 33617**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1100000385517
01/18/06-80018-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TOMASINO, SHERRILL M.
STREET ADDRESS	12301 N 52ND STREET
CITY- ST- ZIP	TAMPA, FL
TITLE	DS
NAME	TOMASINO, PAUL
STREET ADDRESS	12301 N 52ND STREET
CITY- ST- ZIP	TAMPA, FL
TITLE	AS
NAME	STRASBAUGH, LAWRENCE W.
STREET ADDRESS	1548 DALTON FOX LAKE RD
CITY- ST- ZIP	DALTON, OH 44618
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

Sherrill M. Tomasino **Sherrill M. Tomasino** 1/5/2006, 813-988-9102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8107