

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90024 026 ***150.00

DOCUMENT # G86565

1. Entity Name

SHERRY BAIRD, INC.



Principal Place of Business

14475 WALSHINGHAM ROAD
LARGO FL 33774
US

Mailing Address

14475 WALSHINGHAM ROAD
LARGO FL 34644-0332



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

Vidal Hair Design

Suite, Apt. #, etc.

12530 Indian Rocks Rd

City & State

Largo, FL

Zip

33774

Country

Pinellas

3. Mailing Address

920 14th Ave SW

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33770

Country

Pinellas

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2370158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIRD, ROBERT H.

~~14475 WALSHINGHAM ROAD #115~~ 920 14th Ave SW
LARGO FL 33774 Largo, FL 33770

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Robert H Baird

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAIRD, ROBERT H.	
STREET ADDRESS	13940 ANONA HTS DR., #63	
CITY - ST - ZIP	LARGO FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	BAIRD, SHERYL E.	
STREET ADDRESS	13940 ANONA HTS DR., #63	
CITY - ST - ZIP	LARGO FL	

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Baird	
STREET ADDRESS	920 14th Ave SW	
CITY - ST - ZIP	Largo, FL 33770	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheryl E. Baird	
STREET ADDRESS	920 14th Ave SW	
CITY - ST - ZIP	Largo, FL 33770	

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 Section 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:

Sheryl E Baird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-07

Date

727-409-1559

Daytime Phone #