

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # H01000 | |  |
| 1. Entity Name SHERROD SYSTEMS, INC. | | |
| Principal Place of Business 2268 MAYPORT ROAD ATLANTIC BEACH, FL 32233 | | Mailing Address 2268 MAYPORT ROAD ATLANTIC BEACH, FL 32233 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01092007 No Chg-P CR2E034 (11/05) |
| 4. FEI Number 59-2413587 | | 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 | | |
| TERRELL, JAMES 2288 EAST BAY STREET BLACKSTONE BLDG.6,8TH FLOOR JACKSONVILLE, FL | | 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE 1/10/07 |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | U00000588003 01/17/07-80056-006 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHERROD, JACK C 5043 MARINER PT. DR JACKSONVILLE, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MAYNOR, MATTHEW T 2802 CLAIRBORO RD JACKSONVILLE BEACH, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE 1/10/07 Daytime Phone # 904-247-1135 |