

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # H73767 1. Entity Name DOW SHERWOOD CORPORATION	
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Principal Place of Business 6304 BENJAMIN ROAD SUITE 503 TAMPA FL 33634 US	Mailing Address 6304 BENJAMIN ROAD SUITE 503 TAMPA FL 33634 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number **59-2576935** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent WOLFE, RANDY 100 NORHT TAMPA STREET SUITE 2700 TAMPA FL 33602

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

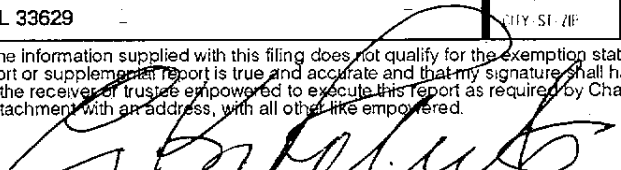
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TONELLI, MICHAEL 201 E KENNEDY, SUITE 1700 TAMPA FL 33602 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TITZE, MIKE 1906-A BUFORD BLVD. TALLAHASSEE FL 32308-4443 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROBERTS, C KIRT 6304 BENJAMIN RD STE 503 TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRAMLING, J. MICHAEL 9205 CONNECHUSETT RD. TAMPA FL 33687 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LUTHIN, CHUCK PO BOX 7450 CLEARWATER FL 33758-7450 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WALKER, JAMES C 4423 MELROSE AVE. TAMPA FL 33629 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add 000000247072 03/01/2005-80007-001 200.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/26/05 386 2146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone