2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# H73767

Entity Name: DOW SHERWOOD CORPORATION

Current Principal Place of Business:

5404 HOOVER BLVD
SUITE #23
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5404 HOOVER BLVD
SUITE #23
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2576935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, RANDY
100 NORHT TAMPA STREET
SUITE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TONELLI, MICHAEL	
Address:	201 E KENNEDY, SUITE 1700	
City-St-Zip:	TAMPA, FL 33602	
Title:	P	( ) Delete
Name:	WALKER, PAUL	
Address:	5404 HOOVER BLVD #23	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	( ) Delete
Name:	ROBERTS, C KIRT	
Address:	1420 N. ATLANTIC AVE #1001	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	D	( ) Delete
Name:	GRAMLING, J. MICHAEL	
Address:	9205 CONNECHUSETT RD.	
City-St-Zip:	TAMPA, FL 33687	
Title:	D	( ) Delete
Name:	LUTHIN, CHUCK	
Address:	PO BOX 7450	
City-St-Zip:	CLEARWATER, FL 337587450	
Title:	DST	( ) Delete
Name:	WALKER, JAMES C	
Address:	4423 MELROSE AVE.	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WALKER P 01/07/2009

Electronic Signature of Signing Officer or Director — Date