
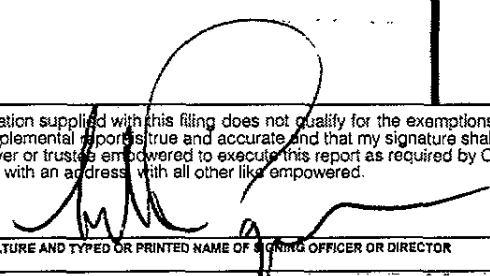


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H77359</b> 1. Entity Name <b>SHERYLCO, INC.</b>		
Principal Place of Business <b>15380 CR565A, SUITE C GROVELAND, FL 34736 US</b>		Mailing Address <b>15380 CR565A, SUITE C GROVELAND, FL 34736 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>THALWITZER, KURT E 225 E. ROBINSON ST. STE. 600 ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, JUSTIN L 10900 MATTIODA ROAD GROVELAND, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, JOHN C 10900 MATTIODA ROAD GROVELAND, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAYNE, SHERYL A 10900 MATTIODA ROAD GROVELAND, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.  <b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date <b>2/03/06</b> Daytime Phone # <b># 352-242-4593</b>		



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2597789</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U000000425140  
02/18/06-80082-007 150.00

**DO NOT WRITE  
IN THIS SPACE**