


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # J18678
1. Entity Name
SHERRI'S FLORAL SHOPPE INC.



Principal Place of Business: 14030 N. US 1, SEBASTIAN, FL 32958
Mailing Address: 14030 N. US 1, SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2709920 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STRIMPLE, SHERRI
14030 N U.S. 1
SEBASTIAN, FL 32958

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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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRIMPLE, SHERRI 14030 N. US 1 SEBASTIAN, FL
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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: *Sherr Strimple Sporch* Date: *4-25-06* Daytime Phone #: *772-589-5990*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherr Strimple Sporch