


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K32687</b> 1. Entity Name <b>SHEROY INC.</b>	
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Principal Place of Business <b>19527 INDIAN MOUNDS DRIVE SUMMERLAND KEY, FL 33042 US</b>	Mailing Address <b>19527 INDIAN MOUNDS DR SUMMERLAND KEY, FL 33042 US</b>
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**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0105576</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CARSON, SHERI LEE 19527 INDIAN MOUNDS DRIVE SUMMERLAND KEY, FL 33042</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARSON, ROY I III 19527 INDIAN MOUNDS DRIVE SUMMERLAND KEY, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CARSON, SHERI LEE 19527 INDIAN MOUNDS SUMMERLAND KEY, FL</b>
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000000164707  
07/08/04-80020-003 150.00

000000164707  
07/08/04-80020-004 8.75

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sheri L Carson **07/05/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #