


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K81067</b> 1. Entity Name <b>SHERWOOD AUTOMOTIVE, INC.</b>					
Principal Place of Business <b>3580-D NORTH MAIN STREET GAINESVILLE FL 32609 US</b>			Mailing Address <b>3580-D NORTH MAIN STREET GAINESVILLE FL 32609 US</b>		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2939386</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SHERWOOD, DOUGLAS E. 3580-D N MAIN ST GAINESVILLE FL 32609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<b>FL</b> Zip Code	
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May be Added to Fees</b>				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PT SHERWOOD, DOUGLAS E.S. 4509 NW 36TH DR GAINESVILLE FL 32605				U000000011420 01/23/04-80037-008 158.75	
S SHERWOOD, LINDA L 4509 NW 36 DR GAINESVILLE FL 32605				Change Add	
Delete				Change Add	
Delete				Change Add	
Delete				Change Add	
Delete				Change Add	
Delete				Change Add	

**SIGNATURE:**

*Linda Lee Sherwood Corp. Sec.*

*1/21/04 (352)378-2541*