

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78833

FILED
Jan 05, 2007
Secretary of State

Entity Name: BURT SHERWOOD AND ASSOCIATES, INC.

Current Principal Place of Business:

6415 MIDNIGHT PASS RD., #206
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6415 MIDNIGHT PASS RD., #206
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 65-0202193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERWOOD, BURT
6415 MIDNIGHT PASS RD.
SARASOTA, FL 34242 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: P () Delete
Name: SHERWOOD, BURT
Address: 6415 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: V () Delete
Name: SHERWOOD, JASON W
Address: 6415 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: SHERWOOD, ANNE W
Address: 6415 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: LYLE, ELLEN S
Address: 9300 ARABIAN AVENUE
City-St-Zip: VIENNA, VA 22182

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BURT SHERWOOD

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date