


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 901 73 039 \*\*\*\*61.25

**DOCUMENT # N02000000108**

1. Entity Name  
**SHERWOOD V, INC.**



Principal Place of Business  
**ROBIN HOOD CIRCLE  
 NAPLES, FL 34104**

Mailing Address  
**745- 12TH AVE SOUTH  
 STE A A  
 NAPLES, FL 34102**

40078468



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**20-0689689**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MOORE PROPERTY MANAGEMENT, INC O  
 745-12TH AVE SOUTH STE AA  
 NAPLES, FL 34102**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME BRYAN, CRAIG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 377 ROBIN HOOD CIRCLE # 101	
CITY-ST-ZIP NAPLES, FL 34104	
TITLE NAME BRYAN, CASEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 377 ROBIN HOOD CIRCLE # 101	
CITY-ST-ZIP NAPLES, FL 34104	
TITLE NAME SCRIBNER, TONI	<input type="checkbox"/> Delete
STREET ADDRESS 395 ROBIN HOOD CIRCLE # 101	
CITY-ST-ZIP NAPLES, FL 34104	
TITLE NAME CONNERS, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 351 ROBIN HOOD CIRCLE # 102	
CITY-ST-ZIP NAPLES, FL 34104	
TITLE NAME DAVIS, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS 351 ROBIN HOOD CIRCLE # 201	
CITY-ST-ZIP NAPLES, FL 34104	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME Bill Warner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 351 Robin Hood Circle - 202	
CITY-ST-ZIP NAPLES, FL 34104	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Gilbert Orlis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 69860 Circle Lane	
CITY-ST-ZIP RICHMOND, ME 34104	

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 617, 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:** \_\_\_\_\_ **4-28-06** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #