2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
01-29-2004 90023 025 ****61.25

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DOCUMENT # N02000004240

1. Entity Name
SHERIFF'S RESERVE UNIT, INC.

Principal Place of Business	Mailing Address
1600 SOUTH U.S. HIGHWAY 1 FORT PIERCE, FL 34954	3333 20TH STREET VERO BEACH, FL 32960

01082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number .20-0707283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, E. ROLLINS II,ESQ. 3333 20TH STREET VERO BEACH, FL 32960	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, VERNON D 1600 SOUTH U.S. HWY. 1 FT. PIERCE, FL 34954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Smith, Vernon D. 1600 South U.S. Highway 1 Ft. Pierce, FL 34954	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROWN, E. ROLLINS II 21 SOUTH SECOND STREET FORT PIERCE, FL 34954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3333 20th Street Vero Beach, FL 32960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOUNDS, ED RT 8 BOX 763-L FT. PIERCE, FL 33451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lounds, Ed Rt. 8 Box 763-L Ft. Pierce, FL 33451	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Skog, Richard 4700 W. Midway Rd. Ft. Pierce, FL 34981-4825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Conrad, Delonna 4700 W. Midway Rd. Ft. Pierce, FL 34981-4825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #