2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

03272006 No Chg-NP CR2E037 (11/05)

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

BROWN, E. ROLLINS II,ESQ.
3333 20TH STREET
VERO BEACH, FL 32960

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, VERNON D
STREET ADDRESS	1600 SOUTH U.S. HWY. 1
CITY-ST-ZIP	FT. PIERCE, FL 34954
TITLE	VPD
NAME	BROWN, E. ROLLINS II
STREET ADDRESS	3333 20TH ST.
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	LOUNDS, ED
STREET ADDRESS	RT 8 BOX 763-L
CITY-ST-ZIP	FT. PIERCE, FL 33451
TITLE	T
NAME	SKOG, RICHARD
STREET ADDRESS	4700 W MIDWAY RD.
CITY-ST-ZIP	FORT PIERCE, FL 349814825
TITLE	S
NAME	CONRAD, DELONNA
STREET ADDRESS	4700 W MIDWAY RD.
CITY-ST-ZIP	FORT PIERCE, FL 349814825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80073-022 61.25

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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: _____ VERNON D. SMITH 3-26-06 772 462-5056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #