


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90398 041 \*\*\*150.00

<b>DOCUMENT # P00000095001</b>	
1. Entity Name <b>SHERWOOD WILLIAMS RENOVATION DESIGNS, INC.</b>	

Principal Place of Business <b>5731 WAXMYRTLE WAY NAPLES FL 34109</b>	Mailing Address <b>P.O. BOX 770325 NAPLES FL 34107-0326</b>
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24035310



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>2289 Granby Dr</b>	3. Mailing Address <b>2289 Granby Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lehigh Acres, FL</b>	City & State <b>Lehigh Acres, FL</b>
Zip <b>33971</b>	Country <b>Lee</b>
Zip <b>33971</b>	Country <b>Lee</b>

4. FEI Number <b>65-1046177</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHERWOOD, KEITH 5731 WAXMYRTLE WAY NAPLES FL 34109</b>	
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7. Name and Address of New Registered Agent Name <b>Keith Sherwood</b> Street Address (P.O. Box Number is Not Acceptable) <b>2289 Granby Dr</b> City <b>Lehigh Acres</b> <b>FL</b> Zip Code <b>33971</b>	
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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 <b>Keith Sherwood</b> <b>DPST</b> <b>Keith Sherwood 4/05/04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>DP</b> NAME <b>SHERWOOD, KEITH</b> STREET ADDRESS <b>5731 WAXMYRTLE WAY</b> CITY-ST-ZIP <b>NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE <b>DST</b> NAME <b>WILLIAMS, LEO F</b> STREET ADDRESS <b>576 N 96TH AVE</b> CITY-ST-ZIP <b>NAPLES FL 34108</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>D</b> NAME <b>THERIAULT, ARTHUR R</b> STREET ADDRESS <b>5925 12TH AVE. N.</b> CITY-ST-ZIP <b>NAPLES FL 34119</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPST</b> NAME <b>Keith Sherwood</b> STREET ADDRESS <b>2289 Granby Dr</b> CITY-ST-ZIP <b>Lehigh Acres, FL 33971</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <b>Keith Sherwood</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/05/04</b> Daytime Phone #