

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90130 027 ***150.00

DOCUMENT # P00000095001

1. Entity Name

KEITH SHERWOOD CONSTRUCTION, INC.



Principal Place of Business

2289 GRANBY DR.
LEHIGH ACRES FL 33971

Mailing Address

2289 GRANBY DR.
LEHIGH ACRES FL 33971

2. Principal Place of Business

12663 IVORY STONE LOOP

3. Mailing Address

12663 IVORY STONE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33913

Country

USA

Zip

33913

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1046177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERWOOD, KEITH
2289 GRANBY DR.
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

Name Sherwood, Keith

Street Address (P.O. Box Number is Not Acceptable)

12663 IVORY STONE LOOP

City

FT MYERS

FL

Zip Code

33913

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

Keith Sherwood

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/07/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	SHERWOOD, KEITH	
STREET ADDRESS	2289 GRANBY DR.	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	D	<input type="checkbox"/> Delete
NAME	THERIAULT, ARTHUR R	
STREET ADDRESS	5925 12TH AVE. N.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWOOD, KEITH	
STREET ADDRESS	12663 IVORY STONE LOOP	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERIAULT, ARTHUR R	
STREET ADDRESS	5925 BUR OAKS LANE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Keith Sherwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/05

Date

239-571-0462

Daytime Phone #