2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachr

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # P00000095001 1. Entity Name 02-17-2006 90071 025 ***150.00 KEITH SHERWOOD CONSTRUCTION, INC. Principal Place of Business Mailing Address 12663 IVORY STONE LOOP 12663 IVORY STONE LOOP FORT MYERS FL 33913 FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address 12556 Stone Tower Loop Suite, Apt. #, etc. 12556 Stone Tower Loop 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1046177 Myers Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA U5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERWOOD, KEITH 12663 IVORY STONE LOOP Street Address (P.O. Box Number is Not Acceptable) 12566 Stone Tower Loop FORT MYERS FL 33913 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change : ■ Addition SHERWOOD, KEITH NAME NAME 12556 Stone Tower Loop 12663 IVORY STONE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ft Myers FL CITY-ST-ZIP FORT MYERS FL 33913 ☐ Delete TITLE TITLE Change Addition NAME THERIAULT, ARTHUR R NAME STREET ADDRESS 5925 BUR OAKS LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

ICER OR DIRECTOR

FILED