## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 14, 2005 8:00 am Secretary of State DOCUMENT # P0100006012 03-14-2005 90112 002 \*\*\*150.00 1. Entity Name JERRY G. SHERER P.A. Principal Place of Business \*\* Mailing Address 5UUZ6149 4510 NW 27TH ST 4510 NW 27TH ST CAPE CORAL, FL 33993 CAPE CORAL, FL 33993 2. Principal Place of Business 3. Mailing Address 6046 Tierra 6046 Tierr Suite, Apt. #, etc Suite, Apt. #, etc 02182005 CR2E034 (10/03) ity & State City & State 4. FEI Number Applied For 845 ort 65-1070355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 45 3903 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent SHERER, JERRY G Street Address (P.O. Box Number is Not Acceptable) 4510 NW 27TH ST CAPE CORAL, FL 33993 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TITLE ☐ Change TITLE ☐ Delete SHERER, JERRY G NAME NAME 6046 Tierra Entrada N. Fort Myers F1 33903 STREET ADDRESS 4510 NW 27TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33993 CITY-ST-ZIP $\square$ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip Change · Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 3.10.05

**FILED** 

Daytime Phone #