

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2004 8:00 am
Secretary of State

07-06-2004 90112 039 ***150.00

DOCUMENT # P01000082624 1. Entity Name SHERO'S INN CORPORATION																											
Principal Place of Business 160 S.W. 12 AVE., STE. 101-B DEERFIELD BEACH FL 34442		Mailing Address 160 S.W. 12 AVE., STE. 101-B DEERFIELD BEACH FL 34442																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1491 S. Powell Rd</i> Suite, Apt. #, etc.																									
City & State _____		City & State <i>Deerfield Beach</i>																									
Zip _____	Country _____	Zip <i>33069</i>	Country _____																								
4. FEI Number 01-0590188		☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SMITH, SUSAN 717 NW 40TH TERR DEERFIELD BEACH FL 33442		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																									
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: <i>Susan Smith</i> 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 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>717 N.W. 40TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH FL 33442</td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	SMITH, SUSAN		STREET ADDRESS	717 N.W. 40TH TERRACE		CITY-ST-ZIP	DEERFIELD BEACH FL 33442		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Susan Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # <i>Cell 954 649-4902</i>																									

Attachment

66432089
P01000082624

to whom it may concern
I filed a annual report
Back in April through
my accountant, and
the \$150. check was
cashed. There are there
should be no fee.
I never heard back
from you please call
me in this matter
Thank you

Susan Smith

Susan Smith

- ps. there will be new
offers. this year.