
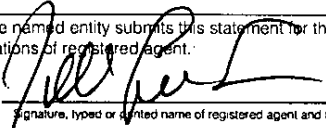
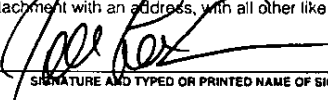


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90001 014 ***150.00

DOCUMENT # P03000051032 1. Entity Name JOEL LEE SHERMAN, P.A.																																					
Principal Place of Business 1101 CHANNELSIDE DRIVE SUITE 244 TAMPA, FL 33602 US			Mailing Address P.O. BOX 10244 TAMPA, FL 33679 US																																		
2. Principal Place of Business 122 S. Howard Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 10244 Suite, Apt. #, etc.																																			
City & State Tampa, FL 33606		City & State Tampa, FL 33679		4. FEI Number 56-2360461																																	
Zip 33606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SHERMAN, JOEL L 1101 CHANNELSIDE DRIVE SUITE 244 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 122 South Howard Avenue City Tampa FL Zip Code 33606																																		
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:  Joel Lee Sherman DATE: 5/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>SHERMAN, JOEL L</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1101 CHANNELSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	SHERMAN, JOEL L	<input type="checkbox"/>	STREET ADDRESS	1101 CHANNELSIDE DRIVE		CITY-ST-ZIP	TAMPA, FL 33602		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;">Delete</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td>122 South Howard Avenue</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Tampa, FL 33606-1725</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME	122 South Howard Avenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	Tampa, FL 33606-1725				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:  Joel Lee Sherman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					
Date: 5/2/05 Daytime Phone #: 251-2723																																					

ATTACHMENT
40085138

JOEL LEE SHERMAN, P.A.

Attorneys at Law
P.O. Box 10244
Tampa, Florida 33679-0244
Telephone: (813) 251-2923
Facsimile: (813) 251-2924
www.JoelLeeShermanLegal.com

VIA CERTIFIED MAIL 7003 2260 0002 5340 9070

May 16, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Joel Lee Sherman, P.A.
Document # P03000051032

Dear Sir or Madam:

Enclosed please find a copy of my annual report filing and a check in the amount of one hundred and fifty dollars (\$150.00).

Please note that I spoke with your office on Monday May 2, 2005. This call was prompted by the fact that on Saturday April 30, 2005 at approximately 2:00 p.m. I attempted on numerous occasions to file my annual report form as well as payment online. I was advised that my information did not match your information on file and I was not allowed to complete this process. I did check all information to make sure it was correct and I still do not understand why it would not go through. I attempted to do this again on Monday May 2, 2005 and it did not go through. I was advised to mail this information with check and application to you in order to process the same. I am requesting that I am not charged the four hundred dollars (\$400.00) penalty fee as I did in good faith attempted to pay this part in May 4, 2005.

Please note that I have learned a valuable lesson from this process and I will certainly pay my annual fee prior to April 30, 2005 so that I do not run into this problem.