2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-14-2004 90018 019 ***150.00

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04062004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000070664

1. Entity Name
SHERRY H DIEDRICH, INC.

Principal Place of Business	Mailing Address
235 8TH AVE SOUTH JACKSONVILLE, FL 32250	235 8TH AVE SOUTH JACKSONVILLE, FL 32250

2. Principal Place of Business	3. Mailing Address
420 S.3rd STREET	420 S. 3RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH, FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. FEI Number: 74-3095626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIEDRICH, SHERRY H
1112 TIVERTON COURT
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name: SHERRY H. DIEDRICH
Street Address (P.O. Box Number is Not Acceptable): 11241 REED ISLAND DRIVE
JACKSONVILLE, FL
City: FL Zip Code: 32225

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: Sherry H. Diedrich 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Sherry H. Diedrich	
STREET ADDRESS	11241 Reed Island Drive	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	Christopher M. Diedrich	☐ Delete
NAME	Vice president	
STREET ADDRESS	11241 Reed Island Drive	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ Change ☐ 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: Sherry H. Diedrich 4/13/04 (904) 247-8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #