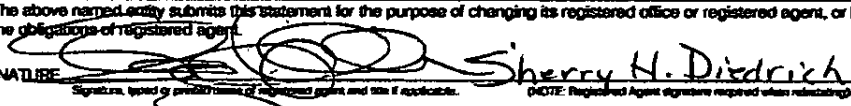
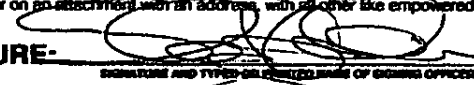


FILED
May 12, 2004 8:00 am
Secretary of State

04-14-2004 90018 019 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000070664			
1. Entity Name SHERRY H DIEDRICH, INC.			
Principal Place of Business 235 8TH AVE SOUTH JACKSONVILLE, FL 32250		Mailing Address 235 8TH AVE SOUTH JACKSONVILLE, FL 32250	
2. Principal Place of Business 420 S. 3rd STREET		3. Mailing Address 420 S. 3RD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL	
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 DATE 4/13/04 (NOTE: Registered Agent signature required when relocating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP President Sherry H. Diedrich 11241 Reed Island Drive Jacksonville FL 32225 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Christopher M. Diedrich Vice President 11241 Reed Island Drive Jacksonville FL 32225 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 fee empowered.			
SIGNATURE-  Sherry H. Diedrich		Date 4/13/04 (904) 247-8373	