


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000070664	
1. Entity Name SHERRY H DIEDRICH, INC.	
	
Principal Place of Business 420 S. 3RD STREET JACKSONVILLE, FL 32250 US	Mailing Address 420 S. 3RD STREET JACKSONVILLE, FL 32250 US
DO NOT WRITE IN THIS SPACE	



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3095626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIEDRICH, SHERRY H 11241 REED ISLAND DRIVE JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIEDRICH, SHERRY H 11241 REED ISLAND DRIVE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIEDRICH, CHRISTOPHER M 11241 REED ISLAND DRIVE JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

04/18/05-80013-022 150.00

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** 4-15-05 904 247-8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #