

2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-21-2008 90028 001 ***300.00
P03000075571

DOCUMENT # P03000075571

1. Entity Name
SHERWOOD HOMES, INC.



FILED

08 APR 11 AM 7:11

Principal Place of Business
25255 STATE ROAD 64 EAST
MYAKKA CITY, FL 34251 US

Mailing Address
25255 STATE ROAD 64 EAST
MYAKKA CITY, FL 34251 US

CLERK OF STATE
TALLAHASSEE, FLORIDA
66004590

2. Principal Place of Business - No P.O. Box #
2006 154th Street East

3. Mailing Address
2006 154th Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-P CR2E034 (12/06)

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number
54-2117444

Applied For
Not Applicable

Zip
34212

Country

Zip

34212

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEISSNER, GREGORY C ESQ.
1111 THIRD AVENUE WEST
SUITE 150
BRADENTON, FL 34205

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
PSTD
MCCORD, DAVID M
25255 STATE ROAD 64 EAST
MYAKKA CITY, FL 34251 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2006 154th Street East
Bradenton, FL 34212 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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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 exemptions contained in Chapter 119, 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: *MCCORD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #