2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000075573

1. Entity Name
SHERWOOD REALTY, INC.

Principal Place of Business	Mailing Address
6510 BUTLERS CREST BRADENTON, FL 34203	6510 BUTLERS CREST BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

03122005   No Chg-P   CR2E034 (10/03)

4. FEI Number 54-2117448	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

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	PSTD
NAME	MCCORD, DAVID M
STREET ADDRESS	25250 S.R. 64 EAST
CITY-ST-ZIP	MYAKKA CITY, FL 34251

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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03/23/05-80024-005 .150.00

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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: _David M. McCord_   3-17-05   941 7563630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #