

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 015 ***150.00

DOCUMENT # P03000118305 1. Entity Name SHERYL KAY DEGROVE, P.A.			
Principal Place of Business 12826 GREENMEADOW PL JACKSONVILLE, FL 32246		Mailing Address 12826 GREENMEADOW PL JACKSONVILLE, FL 32246	
2. Principal Place of Business - No P.O. Box # 13846 ATLANTIC BLVD		3. Mailing Address 13846 ATLANTIC BLVD	
Suite, Apt. #, etc. # 107		Suite, Apt. #, etc. # 107	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32225		Zip 32225	
Country USA		Country USA	
4. FEI Number 20-0439281		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 SMALL BUSINESS ASSOCIATES INC 4070.HERSCHEL STREET6 JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Sheryl K Degrove</i></u> <u><i>Sheryl K Degrove - President</i></u> <u><i>3/6/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DEGROVE, SHERYL K 12826 GREENMEADOW PL JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 13846 ATLANTIC BLVD #107 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Sheryl K Degrove</i></u> <u><i>Sheryl Kay Degrove</i></u>		Date <u><i>3/6/08</i></u> Daytime Phone # <u><i>904-382-7077</i></u>	

50002275



02292008 Chg-P CR2E034 (12/06)