

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90165 001 \*\*\*300.00

**DOCUMENT # P05000033573**

1. Entity Name  
**S & SH HOLDING, INC.**



Principal Place of Business 2342 OAKFORD ROAD SARASOTA, FL 34240	Mailing Address 2342 OAKFORD ROAD SARASOTA, FL 34240
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**DO NOT WRITE IN THIS SPACE**

**66007890**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1665782	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONCELLO, RANDALL C ESQ.  
 2033 MAIN STREET  
 SUITE 502  
 SARASOTA, FL 34237

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERRIFF, ROBERT E 2342 OAKFORD ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWANZ, JUDY 7134 WESTMORELAND SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHWANZ, PHILIP D 7134 WESTMORELAND SARASOTA, FL 34243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Robert E. Sherriff* Robert E. Sherriff *4/14/08* 941-780-2998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #