

**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**

66007890



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1665782

Applied For
Not Applicable

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

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, 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	P
NAME	SHERRIFF, ROBERT E
STREET ADDRESS	2342 OAKFORD ROAD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	V
NAME	SCHWANZ, JUDY
STREET ADDRESS	7134 WESTMORELAND
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	ST
NAME	SCHWANZ, PHILIP D
STREET ADDRESS	7134 WESTMORELAND
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/08

Daytime Phone #

941-780-2998