

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90026 008 \*\*\*150.00

**DOCUMENT # P05000116048**

1. Entity Name  
**SHERMAN PETROLEUM INC.**



Principal Place of Business

**500 W. SAMPLE RD.  
POMPANO, FL 33064**

Mailing Address

**500 W. SAMPLE RD.  
POMPANO, FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-3342579**

Applied For

Not Applicable

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

**SHERMAN, SCOTT  
500 W. SAMPLE RD.  
POMPANO, FL 33064**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | P                 | <input type="checkbox"/> Delete |
| NAME           | SHERMAN, SCOTT    |                                 |
| STREET ADDRESS | 500 W. SAMPLE RD. |                                 |
| CITY-ST-ZIP    | POMPANO, FL 33064 |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |                                   |
|----------------|--|---------------------------------|-----------------------------------|
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/5/06* 954786878

ATTACHMENT



**JAFFE, KAUFMAN & SARBEY, LLC**

*CERTIFIED PUBLIC ACCOUNTANTS*

40093293

ARTHUR J. JAFFE, CPA  
JERRY R. KAUFMAN, JD, LL.M., CPA  
DAVID H. SARBEY, CPA  
SCOTT D. SARBEY, CPA

EMERALD LAKE PLAZA  
3107 STIRLING ROAD, SUITE 201  
FT. LAUDERDALE, FLORIDA 33312  
TELEPHONE (954) 985-1040  
FAX (954) 985-0324

May 8, 2006

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: Sherman Petroleum, Inc. – Document No. P05000116048**

Gentlemen:

Pursuant to the enclosed Uniform Business Report for 2006, please note that the above referenced corporation respectfully requests waiver of any penalty, as they did not receive any prior notice or original report for the year 2006.

Enclosed please find a check payable to the Department of State in the amount of \$150.00. We respectfully request waiver of this penalty as the original notice was never received and payment thereof would create a financial hardship of the part of the corporation.

We appreciate your response as soon as possible and please contact the undersigned if you require any other information.

Sincerely,

JAFFE, KAUFMAN & SARBEY, LLC

Arthur J. Jaffe

AJJ/hrw

Enclosure