

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143532

Entity Name: SHERR, INC.

FILED  
Sep 13, 2007  
Secretary of State

## Current Principal Place of Business:

36750 US HWY 19 N, INNISBROOK  
AUGUSTA LODGE, SUITE # 2014  
PALM HARBOR, FL 34684

## Current Mailing Address:

36750 US HWY 19 N, INNISBROOK  
AUGUSTA LODGE, SUITE # 2014  
PALM HARBOR, FL 34684

## New Principal Place of Business:

36750 US HWY 19 N, INNISBROOK RESORT  
AUGUSTA LODGE, SUITE # 2014  
PALM HARBOR, FL 34684

## New Mailing Address:

36750 US HWY 19 N, INNISBROOK RESORT  
AUGUSTA LODGE, SUITE # 2014  
PALM HARBOR, FL 34684

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODDARD, SHARON L  
36750 US HWY 19 N, INNISBROOK  
AUGUSTA LODGE, SUITE #2104  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

GODDARD, SHARON L  
36750 US HWY 19 N, INNISBROOK RESORT  
AUGUSTA LODGE, SUITE #2104  
PALM HARBOR, FL 34684 US

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.

SIGNATURE: SHARON L. GODDARD

09/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GODDARD, SHARON L  
Address: 36750 US HWY 19 N, AUGUSTA LDG, STE. #2014  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VP ( ) Delete  
Name: GODDARD, SHARON L  
Address: 36750 US HWY 19 N, AUGUSTA LDG., STE. #201  
City-St-Zip: PALM HARBOR, FL 34684 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L. GODDARD

P

09/13/2007

Electronic Signature of Signing Officer or Director

Date