

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000150752

1. Entity Name

R.L. SHERIFF CUSTOM CONTRACTING, INC.



Principal Place of Business

1824 SUNRISE DR.
BIG PINE KEY FL 33043

Mailing Address

1824 SUNRISE DR.
BIG PINE KEY FL 33043



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

52-2030105

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHERIFF, RICHARD
1824 SUNRISE DR.
BIG PINE KEY FL 33043

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 date. Inapplicable)

(NOTE: Registered Agent must report to whom it belongs)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SHERIFF, RICHARD
STREET ADDRESS 1824 SUNRISE DR.
CITY-STATE-ZIP BIG PINE KEY FL 33043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000835752
02/29/08-80046-021 150.00

TITLE T ☐ Delete
NAME SHERIFF, KATHLEEN
STREET ADDRESS 1824 SUNRISE DR.
CITY-STATE-ZIP BIG PINE KEY FL 33043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kathleen M. Sheriff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN M. SHERIFF 2/18/08 325515-
DATE