

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # P06000020928

1. Entity Name

SHERRI HENSCHKE P.A.



FILED

12 AUG -1 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10316 SLEEPY BROOKWAY

Suite, Apt. #, etc

3. Mailing Address

10316 SLEEPY BROOKWAY

Suite, Apt. #, etc

CR2E034B (5/07)

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

4. FEI Number

20-4282081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

33428

Zip

Country

33428

US

7. Name and Address of Current Registered Agent

Name

SHERRI HENSCHKE

Street Address (P.O. Box Number is Not Acceptable)

10316 SLEEPY BROOKWAY

City

BOCA RATON

FL

Zip Code

33428

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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)

7/30/12

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE	PM
NAME	HENSCHKE, SHERRI
STREET ADDRESS	10316 SLEEPY BROOKWAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

AUG - 2 2012

T. SCOTT

400238070724
07/20/12--01022--024 **185.00

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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 on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/12

Date

Daytime Phone #