

# 808 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90023 047 \*\*\*150.00

**DOCUMENT # P06000074010**

1. Entity Name  
**SHERCO, INC.**



Principal Place of Business  
**140 EAST CIRCLE STREET  
AVON PARK, FL 33825**

Mailing Address  
**140 EAST CIRCLE STREET  
AVON PARK, FL 33825**

**00043134**



2. Principal Place of Business - No P.O. Box #  
**3241 SWIFT FOX TRAIL**

3. Mailing Address  
**3241 SWIFT FOX TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-P CR2E034 (12/06)

City & State  
**LAKE LAND FL**

City & State  
**LAKE LAND FL**

4. FEI Number  
**20-4956946**

Applied For  
Not Applicable

Zip  
**33810**

Country  
**USA**

Zip  
**33810**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DONALDSON, DEVON P  
120 SOUTH ANOKA AVENUE  
AVON PARK, FL 33825**

**7. Name and Address of New Registered Agent**

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  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRES  
SCHULER, SHARON  
140 EAST CIRCLE STREET  
AVON PARK, FL 33825** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEC  
SCHULER, SHARON  
140 EAST CIRCLE STREET  
AVON PARK, FL 33825** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRES  
SCOTT SCHULER  
3241 SWIFT FOX TRAIL  
LAKE LAND FL 33810** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEC  
SCOTT SCHULER  
3241 SWIFT FOX TRAIL  
LAKE LAND FL 33810** ☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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: **Scott Schuler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/08**  
Date

**863-661-5878**  
Daytime Phone #