2008 FOR PROFIT CORPOSATION ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State

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DOCUMENT # P0700040224 1. Entity Name JEFFREY LYNN SHERRICK, INC.									05-01-20	008 9023	3 042 ***	*150.00
Principal Place of Business Mailing Address												
3178 SW 61 CIRCLE				3178 SW 61 CIRCLE								
DAVIE, FL 33314			0	DAVIE, FL 33314				661	012171			
								110000001	n com som som som	ean ann ean		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
2. Finicipal rigid of Business - No F.O. DOX #			"] "	3. Washing Address				1 LE A VALLE	A BETTA ITEEN BETTA BETTA	FM 1971 MA	4477 MA 1719 M	MINNUATA
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04292008	Chg-P	CDSE	034 (12/06)	
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City & State			- 1	City & State				4. FEI Numb	20-87	7610	44 ^	pplied For
Zip Country			_	Zip Coun					20 01	060	1 1 N	lot Applicable
Zip	Country		ì	24		, , , , , , , , , , , , , , , , , , ,		5. Certificate	of Status Desired	-	\$8.75 Ad	
	6. Name and Address of Current Registered Agent					1		7. Name sn	Address of Nev	v Registered	Agent	
						Name						
ROOKS, N						Street Address (P.O. Box Number is Not Acceptable)						
1 1999 WEST COLONIAL DRIVE ORLANDO, FL 32804												- **
	,					İ						
						City				F	Zip Cod	***
A The share						<u> </u>			<u> </u>	• •	<u> </u>	
the obligat	inamed entil tions of regis	y submits this state! leted agent.	nent for the p	ourpose of changing its	register	ed office o	registen	ed agent, or bo	an, in the State of	Horida, Ian	n tamilier with	, and accept
1		₩. -										!
SIGNATURE.	Signature, typed	f or printed name of register	ed agent and little	f applicable. (NOT	E: Registere	d Agent signer	ure required	when reinstating)		DATE		
				<u> </u>					· · · · · · · · · · · · · · · · · · ·			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees											:	
10.	I	OFFICER	S AND DIREC		11.		-	ADDITIONS	/CHANGES TO O	FFICERS AN	ID DIRECTOR	S IN 11
TITLE	PRES Detele ITT										Change	Addition
STREET ADDRESS	1					et adoress						
CITY-ST-ZIP	DAVIE, FL 33314					-S1-ZIP						
TITLE	DIRE Delete IIII						DIR	ECTOL	Σ		Change	☐ Addition
NAME	SHERRICK, JEFFREY L					E	DA	VID S	OUZA	~10 ~	- 2	
STREET ADORESS						ET ADDRESS	DIRECTO: DAVID S 3178 SW DAVIE,		6157	CIECO	حصار	
CITY-ST-ZIP						-SI-ZIP	DB	VIE , F	·L. 323	17		
TITLE]			☐ Delete	TIT LI						☐ Change	Addition
STREET ADDRESS	223					et adoress	<u> </u>					
CITY-ST-ZIP						-\$1-DP		,				
TITLE				☐ Delete	IIIU						☐ Change	Addition
NAME					NAM	E						
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CITY-ST-ZIP	-					-\$1-ZIP						
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STREET ADDRESS						e et adoress						
CITY-ST-ZIP	1					-\$1-ZIP						
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NAME	1				HAM	£					-	
STREET ADDRESS	[et address						
CITY-ST-ZIP	1					-S1-ZIP						
12. Thereby 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 path; 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.												
11 19 -0 015 100 20												
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EXCHANG OFFICER OR DIRECTOR DIRECTOR											<u> </u>	
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