

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P38052

**1. Entity Name
SHERROD VANS, INC.**



**Principal Place of Business
6464 GREENLAND ROAD
JACKSONVILLE, FL 32258**

**Mailing Address
6464 GREENLAND ROAD
JACKSONVILLE, FL 32258**



04272006 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-3113405**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TERRELL, JIM
BROWN, TERRELL AND HOGAN
223 EAST BAY STREET
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME SHERROD, JACK C
STREET ADDRESS 6464 GREENLAND ROAD
CITY-ST-ZIP JACKSONVILLE, FL**

**TITLE V
NAME SHERROD, JERRY W
STREET ADDRESS 6464 GREENLAND ROAD
CITY-ST-ZIP JACKSONVILLE, FL**

**TITLE S
NAME MAYNOR, MATTHEW T
STREET ADDRESS 2805 CLAIRBORO RD.
CITY-ST-ZIP JACKSONVILLE, FL 32258**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000540691
05/10/06-80026-023 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 2706 904268332

Date

Daytime Phone #