

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000047612

1. Entity Name
SHERRIE'S SOUTH SHORE REALTY, INC.



FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
736 SR 16
SAINT AUGUSTINE, FL 32084

Mailing Address
736 SR 16
SAINT AUGUSTINE, FL 32084



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3190199

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

MEUSER VENUTI, SHERRIE
736 SR 16
SAINT AUGUSTINE, FL 32084

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VENUTI MEUSER, SHERRIE
STREET ADDRESS	736 SR 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	MEUSER, WILLIAM C
STREET ADDRESS	1156 S WINTER HANK DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000955565
07/18/08-80002-021 158.75

**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

7/16/08

Date

904-819-6500

Daytime Phone #