

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047612

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

736 SR 16  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

736 SR 16  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-3190199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VENUTI MEUSER, SHERRIE  
Address: 736 SR 16  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: MEUSER, WILLIAM C  
Address: 1156 S WINTER HANK DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRIE VENUTI MEUSER

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date