

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000076947

1. Entity Name
SHERWOOD FLORIST, INC.



Principal Place of Business
11060 NORTHCLIFFE BLVD
SPRING HILL, FL 34608 US

Mailing Address
11060 NORTHCLIFFE BLVD
SPRING HILL, FL 34608 US

DO NOT WRITE IN THIS SPACE

**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90180 046 ***150.00



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3282755	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, TRACY R.
4157 MARINER ISLAND
SPRINGHILL, FL 34609

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MILLS, TRACY R.
STREET ADDRESS 12714 OAK TREE DR.
CITY-ST-ZIP HUDSON, FL 34667

TITLE VPD
NAME MILLS, RICHARD E.
STREET ADDRESS 12714 OAK TREE DR.
CITY-ST-ZIP HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tracy R. Mills*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

7352-686-1662

Daytime Phone #