

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010283

Entity Name: SHERRY PROPERTIES, INC.

FILED  
Feb 10, 2004  
Secretary of State

**Current Principal Place of Business:**

6 VISTA PALM LANE  
APT 106  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

Current Mailing Address:  
P.O. BOX 206  
MAYSVILLE, GA 305580206

**New Mailing Address:**

FEI Number: 65-0568404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHERRY, KATHERINE  
6 VISTA PALM LANE  
UNIT 106  
VERO BEACH, FL 32962 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: SHERRY, KATHERINE H  
Address: 6 VISTA PALM LANE, UNIT 106  
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete  
Name: SHERRY, NANCY J  
Address: 7319 PRAIRIE LAKE DR  
City-St-Zip: INDIANPOLIS, IN 46256

Title: ST ( ) Delete  
Name: SHERRY, WILLIAM W  
Address: P.O. BOX 206  
City-St-Zip: MAYSVILLE, GA 305580206

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

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

Title: VP (X) Change ( ) Addition  
Name: SHERRY, NANCY J  
Address: 7319 PRAIRIE LAKE DR  
City-St-Zip: INDIANPOLIS, IN 46256

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 Section 119.07(3)(i), 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: WILLIAM W SHERRY

ST

02/10/2004

Electronic Signature of Signing Officer or Director

Date