



FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000010283		Jan 14, 2005 08:00 A	
1. Entity Name SHERRY PROPERTIES, INC.			
Principal Place of Business 6 VISTA PALM LANE APT 106 VERO BEACH, FL 32962 US		Mailing Address P.O. BOX 206 MAYSVILLE, GA 30558-0206	
DO NOT WRITE IN THIS SPACE			
		01102005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0568404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERRY, KATHERINE 6 VISTA PALM LANE UNIT 106 VERO BEACH, FL 32962		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERRY, KATHERINE H 6 VISTA PALM LANE, UNIT 106 VERO BEACH, FL 32962		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERRY, NANCY J 7319 PRAIRIE LAKE DR INDIANAPOLIS, IN 46256		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHERRY, WILLIAM W P.O. BOX 206 MAYSVILLE, GA 305580206		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nancy J. Sherry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/10/05 (317) 577-4384 Date Daytime Phone #	