

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P95000010283 1. Entity Name SHERRY PROPERTIES, INC.	
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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
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0568404	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

SHERRY, KATHERINE
 6 VISTA PALM LANE
 UNIT 106
 VERO BEACH, FL 32962

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: Nancy J. Sherry Nancy J. Sherry 1/10/05 (317)577-4384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #