

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013856

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: SHERWOOD VENTURES, INC.

## Current Principal Place of Business:

6001 MEDICI CT  
SARASOTA, FL 34243 US

## New Principal Place of Business:

## Current Mailing Address:

6001 MEDICI CT  
SARASOTA, FL 34243 US

## New Mailing Address:

FEI Number: 59-3312021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MYERS, TROY H  
ICARD, MERRILL  
2033 MAIN ST SUITE 600  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

DAVIS, THOMAS E  
1264 DREW STREET  
LAKELAND, FL 33810 US

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: THOMAS E. DAVIS

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALVEY, GARY D  
Address: 6210 MEDICI CT., #206  
City-St-Zip: SARASOTA, FL 34243

Title: ST ( ) Delete  
Name: ALVEY, JUDINE B  
Address: 6210 MEDICI CT., #206  
City-St-Zip: SARASOTA, FL 34243

## 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 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: D. GARY ALVEY

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date