

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 033 ***150.00

DOCUMENT # P95000027714

1. Entity Name
SHERYL HOPE, INC.



Principal Place of Business
3215 J SOUTH MACDILL AVENUE
TAMPA, FL 33629 US

Mailing Address
3215 J SOUTH MACDILL AVENUE
TAMPA, FL 33629 US

50013157



01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
3810 W. Neptune St.
Suite, Apt. #, etc. Ste. B-4
City & State Tampa, FL
Zip 33629 Country USA

3. Mailing Address
3810 W. NEPTUNE ST.
Suite, Apt. #, etc. STE. B-4
City & State TAMPA, FL
Zip 33629-5814 Country

4. FEI Number
59-3308323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMILES, SHERYL H
3215 J SOUTH MACDILL AVENUE
TAMPA, FL 33629
3810 W. Neptune St. Ste. B-4
Tampa, FL 33629

7. Name and Address of New Registered Agent
Name Sheryl H. Smiles
Street Address (P.O. Box Number is Not Acceptable) 3810 W. Neptune St. Ste B-4
City Tampa FL 33629

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMILES, SHERYL H	
STREET ADDRESS	5206 ABBEY PARK AVENUE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sheryl H. Smiles Sheryl H. Smiles 4-12-06 (813) 254-9161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #