

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000008927

1. Entity Name
SHERROD SALES AND AUTOMOTIVE REPAIR, INC.



Principal Place of Business
148 NE FRAZIER LN
LAKE CITY, FL 32055 US

Mailing Address
148 NE FRAZIER LN
LAKE CITY, FL 32055 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3363409	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

SHERROD, WALTER L
148 NE FRAZIER LN
LAKE CITY, FL 32055

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing.)

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

U000000411554
02/10/06-80011-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHERROD, WALTER B
STREET ADDRESS	148 NE FRAZIER LN
CITY-STATE-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	SHERROD, WALTER L
STREET ADDRESS	148 NE FRAZIER LN
CITY-STATE-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	SHERROD, DAVID L
STREET ADDRESS	185 SE NATALIE TERRACE
CITY-STATE-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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: *David L. Sherrod* **DAVID L. Sherrod** **1-30-06** **386-755-2687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #