


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90016 035 \*\*\*150.00

<b>DOCUMENT # P96000043405</b>		
1. Entity Name SHERWOOD FINANCIAL GROUP, INC.		

Principal Place of Business 143 -15TH AVE NE SAINT PETERSBURG, FL 33704 US	Mailing Address 143 -15TH AVE NE SAINT PETERSBURG, FL 33704 US
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44011116



2. Principal Place of Business 3637 4th St. No. Suite, Apt. #, etc. 210 City & State St. Petersburg	3. Mailing Address Suite, Apt. #, etc. City & State FL.
Zip 33704	Country USA

01302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3380383	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WHITE, J. SHERWOOD 143 15TH AVE. NE SAINT PETERSBURG, FL 33704	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>J. Sherwood White</u> <small>Signature, typed or printed name of registered agent and the if applicable.</small>	<u>J. Sherwood White</u> <u>2/10/04</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, J. SHERWOOD 143 15TH AVE NE ST PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>J. Sherwood White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>President J. Sherwood White</u> <u>2/10/04</u> <u>727-824-8822</u> <small>Date Daytime Phone #</small>