



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90007 032 \*\*\*150.00

<b>DOCUMENT # P98000012127</b> 1. Entity Name <b>SHERIDAN &amp; SHERIDAN, INC.</b>																													
Principal Place of Business <b>4115 WEDGEMERE DR TAMPA, FL 33610</b>			Mailing Address <b>16528 N. Dale Mabry Hwy.</b> <del>3355 BEARSS AVE.</del> <b>TAMPA, FL 33618</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>16528 N. Dale Mabry Hwy</b>  Suite, Apt. #, etc.																											
City & State City <b>Tampa, FL</b>		City & State City <b>Tampa, FL</b>		4. FEI Number <b>59-3491313</b>																									
Zip <b>33618</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER</b> <del>3355 BEARSS AVENUE</del> <b>16528 N. Dale Mabry Hwy</b> <b>TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent Name <b>Sanders, Walter</b> Street Address (P.O. Box Number is Not Acceptable) <b>16528 N. Dale Mabry Hwy</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33618</b>																									
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>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHERIDAN, PHILIP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9317 EDEN DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33610</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SHERIDAN, PHILIP		STREET ADDRESS	9317 EDEN DR.		CITY-ST-ZIP	TAMPA, FL 33610		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D.P.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sheridan, Philip</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4115 Wedgemere Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33610</td> <td></td> </tr> </table>			TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Sheridan, Philip		STREET ADDRESS	4115 Wedgemere Dr		CITY-ST-ZIP	Tampa, FL 33610	
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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>Phil Sheridan</u> <u>Phil Sheridan</u> <u>5/17/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

(813) 621-2704