2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

813-788-0898

DOCUMENT # P98000093342 1. Entity Name SHERRY PUTMAN, INC.					56	ecretary	oi State
Principal Plac 31717 TALL ZEPHYRHILL		Mailing Address 31717 TALLY HO LN ZEPHYRHILLS, FL 33543					
D	OO NOT WRITE 6. Name and Address of Current Re	CE	04152005 4. FEI Numbe 59-354		CR2E034 (10/	Applied For Not Applicable Additional	
31717 TAL	SHERRY J LLY HO LN HILLS, FL 33543	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 acceptable obligations of registered agent. SIGNATURE Signature typed or printing frame of registered agent and tide if applicable (NOTE, Registered Agent signature required whan reinstating) DATE							with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS			· +	.00 May Be ed to Fees	IJN000 04/18/05	0311555 -80050-012	2 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTMAN, SHERRY J 31717 TALLY HO LN ZEPHYRHILLS, FL 33543	IEC TORS	<u> </u>				1,143,41442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SF	PACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	s filing does not qualify for the exe te and accurate and that my signal ared to execute this report as requi- all other like empowered.	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)(same legal effec 7, Florida Statute	i), Florida Statutes. I it as if made under c es; and that my name	further certify that path; that I am an of a appears in Block	the information ficer or director 10 or Block 11 if

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR