## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 17, 2005 8:00 am Secretary of State 05-17-2005 90018 048 \*\*\*150.00 DOCUMENT # P98000094383 1. Entity Name SHERMAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 50052881 6719 WINKLER RD., SUITE 210 P.O. BOX 1300 FT. MYERS, FL 33919 FT. MYERS, FL 33902-1300 2. Principal Place of Business 6719 Winkler Rd 3. Mailing Address Suite, Apt. #, etc. Suite 116 Suite, Apt. #, etc. 05102005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 65-0883442 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired . . . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sherman, Gary L. SHERMAN, GARY L Street Address (P.O. Box Number is Not Acceptable) 6719 WINKLER RD., SUITE 210 FT. MYERS, FL 33919 Zip Code 33919 Muers 8. The above named ty submits this statement for the propose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Stered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE PD Delete TITLE ☐ Addition Sherman, Gary L. Snitelle NAME SHERMAN, GARY L NAME STREET ADDRESS 6719 WINKLER RD., SUITE 210 STREET ADDRESS Fr. Myers, FL 33919 CITY-ST-7IP FT. MYERS, FL 33919 CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sopplied with this filling 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 supplier field and activate 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 exergite 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 attaching at with an address with all other like empowered. *239-437-96*00 reman SIGNATURE

FILED

May 12, 2005

Department of State Division of Corporations P O Box 1500 Tallahassee, FL 32302-1500

RE: Sherman & Associates Inc Annual Report Notice

Dear Sir or Madam;

The taxpayer does not remember receiving the postcard renewal form and was unaware of his neglect to file this report until he received the second notice. Enclosed you will find his check for the original fee of \$150.00. We request that you abate any penalties associated with this oversight as it was an unintentional error and in no way an attempt to not comply with the state tax laws.

Thank you for you assistance in this matter.

Very Truly Yours,

Andrew J. Higginbotham, CPA

AJH/cap