

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094680

Entity Name: KERWICK, INC.

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1633 NE 24TH ST.  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

1633 NE 24TH ST.  
WILTON MANORS, FL 33305

**New Mailing Address:**

FEI Number: 65-0882039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KERWICK, SHARON  
1633 NE 24TH ST.  
WILTON MANORS, FL 33305 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERWICK, SHARON  
Address: 1633 NE 24TH ST.  
City-St-Zip: WILTON MANORS, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON M. KERWICK

PD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date