

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000017925

1. Entity Name
SHERWOOD RECORDS SHOP, INC.



Principal Place of Business
**5045 SOUTEL DRIVE
SUITE 12
JACKSONVILLE, FL 32208**

Mailing Address
**5133 SOUTEL DRIVE, UNIT 6
JACKSONVILLE, FL 32208**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3588624

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR JEFFERSON, MARILYN
5875 SPELLMAN RD
JACKSONVILLE, FL 32209**

**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 accept the obligations of registered agent.

SIGNATURE

Marilyn Taylor Jefferson

(NOTE: Registered Agent signature required when reinstating)

4/29/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	TAYLOR JEFFERSON, MARILYN
STREET ADDRESS	5875 SPELLMAN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VS
NAME	JEFFERSON, MARILYN
STREET ADDRESS	5875 SPELLMAN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000357033
05/04/05-80058-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Marilyn Taylor Jefferson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 *(904) 768-4653*
Date Daytime Phone #