

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111273

Entity Name: SHERLIE'S STUFF, INC.

FILED  
Jan 28, 2009  
Secretary of State

## Current Principal Place of Business:

8150 ELISABETH LN  
LARGO, FL 33777 US

## New Principal Place of Business:

## Current Mailing Address:

8150 ELISABETH LN  
LARGO, FL 33777 US

## New Mailing Address:

FEI Number: 59-3615609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KITTELSON, PHILLIP E  
8150 ELISABETH LN  
LARGO, FL 337771352 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: DP ( ) Delete  
Name: KITTELSON, SHERLIE  
Address: 8150 ELISABETH LANE  
City-St-Zip: LARGO, FL 337771352 US

Title: DV ( ) Delete  
Name: KITTELSON, PHILLIP  
Address: 8150 ELISABETH LANE  
City-St-Zip: LARGO, FL 337771352 US

Title: D ( ) Delete  
Name: WONSICK, BETH  
Address: 9897 132ND STREET NORTH  
City-St-Zip: SEMINOLE, FL 33776 US

Title: D ( ) Delete  
Name: TAYLOR, CAROLYN  
Address: 13858 OAK FOREST BLVD SO  
City-St-Zip: SEMINOLE, FL 33776 US

Title: D ( ) Delete  
Name: SHORTWAY, LAURA  
Address: 7529 141ST ST NO.  
City-St-Zip: SEMINOLE, FL 33776 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILLIP E KITTELSON

DV

01/28/2009

Electronic Signature of Signing Officer or Director

Date