2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# V40759

Entity Name: SHERWOOD'S GLASS, INC.

Current Principal Place of Business:

1214 FRUIT COVE DR SO
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

5295 DEER ISLAND RD
GREEN COVE SPGS, FL 32043 US

Current Mailing Address:

1214 FRUIT COVE DRIVE S.
JACKSONVILLE, FL 32259 US

New Mailing Address:

5295 DEER ISLAND RD
GREEN COVE SPRGS, FL 32043 US

FEI Number: 59-3129068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERWOOD, NORMAN E
1214 FRUIT COVE DR. SO.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

SHERWOOD GLASS INC.
5295 DEER ISLAND RD
GREEN COVE SPGS, FL 32043 US

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: NORMAN SHERWOOD 02/16/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SHERWOOD, NORMAN E,
Address: 1214 FRUIT COVE DR. S
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: SHERWOOD, NORMAN E,
Address: 1214 FRUIT COVE DR. S
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SHERWOOD, NORMAN E
Address: 5295 DEER ISLAND RD
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: D (X) Change ( ) Addition
Name: SHERWOOD, NORMAN E
Address: 5295 DEER ISLAND RD
City-St-Zip: GREEN COVE SPGS, FL 32043

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: SHERWOOD, NORMAN E D 02/16/2005
Electronic Signature of Signing Officer or Director Date