

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000056590

**Entity Name:** SHERRI LOUER, INC.

**Current Principal Place of Business:**

8757 GOODBY'S TRACE DRIVE  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

8757 GOODBY'S TRACE DRIVE  
JACKSONVILLE, FL 32217

**FEI Number:** 59-3723437

**Certificate of Status Desired:** No

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

LOUER, SHERRI  
8757 GOODBY'S TRACE DRIVE  
JACKSONVILLE, FL 32217 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSTD  
Name LOUER, SHERRI  
Address 8757 GOODBY'S TRACE DRIVE  
City-State-Zip: JACKSONVILLE FL 32217

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHERRI LOUER

PSTD

03/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date