

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F00000005349

1. Entity Name
SHEPHERD MANAGEMENT INCORPORATED



Principal Place of Business
**3800 PIA PESCADOR
CAMARILLO, CA 93011**

Mailing Address
**P.O. BOX 1305
CAMARILLO, CA 93011**



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0013805

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOYLE, CONRAD J ESQ.
500 EAST BREVARD BOULEVARD, SUITE 2950
FORT LAUDERDALE, FL 33394**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000911966
05/07/08-80062-003 1438.75

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SHEPHERD, DENNIS L
STREET ADDRESS	3800 PIA PESCADOR
CITY - ST - ZIP	CAMARILLO, CA 93011
TITLE	D
NAME	SHEPHERD, LARRY D
STREET ADDRESS	3800 PIA PESCADOR
CITY - ST - ZIP	CAMARILLO, CA 93011
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Dennis Shepherd* **DENNIS SHEPHERD**

4/10/08

805-389-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #