


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90061 035 \*\*\*158.75

**DOCUMENT # P03000152687**

1. Entity Name  
**DAVID SHEETS INCORPORATED**



Principal Place of Business      Mailing Address  
 1641 SE COLLETTE CT      1641 SE COLLETTE CT  
 PT ST LUCIE, FL 34952      PT ST LUCIE, FL 34952

**94012615**



2. Principal Place of Business      3. Mailing Address  
 1641 S.E. Collette Ct      1641 S.E. Collette Ct.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02052004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Port St. Lucie, Fl.      Port St. Lucie, Fl.

4. FEJ Number      Applied For  
 200581022      Not Applicable

Zip      Country      Zip      Country  
 34952      USA      34952      USA

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

6. Name and Address of Current Registered Agent  
 SHEETS; DAVID L.  
 1641 SE COLLETTE CT  
 PT ST LUCIE, FL 34952

7. Name and Address of New Registered Agent  
 Name      David Lynn Sheets  
 Street Address (P.O. Box Number is Not Acceptable)  
 1641 S.E.Collette Ct.  
 City      Port St. Lucie, Fl.      FL      Zip Code 34952

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and list if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEETS, DAVID L	
STREET ADDRESS	1641 SE COLLETTE CT	
CITY - ST - ZIP	PT ST LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: David Lynn Sheets      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR