


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90028 013 \*\*\*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**

2. Principal Place of Business      3. Mailing Address  
**2707 SW Fondum Rd**      **1367 NE Sago DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



City & State      City & State  
**Port St. Lucie, FL**      **Jensen Beh, FL**  
 Zip      Country      Zip      Country  
**34953**      **USA**      **34957**      **USA**

01102005      Chg-P      CR2E034 (10/03)

4. FEI Number  
**20-0581022**

Applied For  
 Not Applicable

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)  
**1367 NE Sago Drive**  
 City **Jensen Beh**      **FL**      Zip Code **34957**

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 **David Lynn Sheets**      **PL/TL**      **11/19/2005**  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEETS, DAVID L</b> <b>1641 SE COLLETTE CT</b> <b>PT ST LUCIE, FL 34952</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David Lynn Sheets</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1367 NE Sago Drive</b> <b>Jensen Beach, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**      **11/19/2005**      **772-528-5323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #