2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90078 033 ***158.75

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1. Entity Name
DAVID SHEETS INCORPORATED

Principal Place of Business	Mailing Address
2707 SW FONDURA ROAD PORT SAINT LUCIE, FL 34953	1367 NE SAGO DRIVE JENSEN BEACH, FL 34957

01042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1367 NE Sago Drive Suite, Apt. #, etc.	1367 NE Sago Drive Suite, Apt. #, etc.
City & State: Jensen Beach, Fl. Zip: 34957 Country: Marten	City & State: Jensen Beach, Fl. Zip: 34957 Country: Marten

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	7. Name and Address of New Registered Agent
SHEETS, DAVID L 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Daniel Lynn Sheets 1/10/2006
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, 2006 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	D SHEETS, DAVID L 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Daniel Lynn Sheets 1/10/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #