

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444900

Entity Name: TED'S SHEDS, INC.

FILED  
Jul 19, 2005  
Secretary of State

## Current Principal Place of Business:

9180 GALLERIA COURT  
SUITE 700  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 50929  
FORT MYERS, FL 33994 US

## New Mailing Address:

FEI Number: 59-2748152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, JAMES C JR  
9180 GALLERIA COURT  
SUITE 700  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: GOODRICH, HAROLD T.,  
Address: 10311 BONITA BEACH ROAD  
City-St-Zip: BONITA SPRINGS, FL 33959

Title: PDT ( ) Delete  
Name: CAUDILL, GLENN E.,  
Address: 9350 LAREDO AVENUE  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: NELSON, JOHN  
Address: 6451 MORGAN LAFFEE LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: SANTERRE, RICHARD  
Address: 500 FIFTH AVENUE SOUTH #522  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GLENN E CAUDILL

PDT

07/19/2005

Electronic Signature of Signing Officer or Director

Date