

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 648998

1. Entity Name

SHEPHARD'S BEACH RESORT, INC.



FILED

08 MAY 27 AM 11:02

SECRETARY OF STATE



Principal Place of Business 619 SOUTH GULFVIEW BOULEVARD CLEARWATER BEACH FL 34630-2643	Mailing Address 619 SOUTH GULFVIEW BOULEVARD CLEARWATER BEACH FL 34630-2643
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1950743	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**PARRI RAYMOND L PA
1217 PONCE DE LEON BLVD
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name <i>Harry S. Cline Esquire</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>625 Court St. # 625</i>	
City <i>Clearwater</i>	Zip Code <i>FL 33756</i>

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)

5/21/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD SHEPHARD, WILLIAM	<input type="checkbox"/> Delete
NAME	44 N. PINE CIRCLE	
STREET ADDRESS	BELLEAIR FL	
CITY-ST-ZIP		
TITLE	ST SHEPHARD, WILLIAM	<input type="checkbox"/> Delete
NAME	44 N. PINE CIRCLE	
STREET ADDRESS	BELLEAIR FL	
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	900130910399	
STREET ADDRESS	06/05/08--01037--018 **288.75	
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
NAME		
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 exemptions contained in Section 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:

William Shephard
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

William shephard, President 4/22/8

Date Daytime Phone #