

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1950743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

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

Harry S. Cline Esquire

Street Address (P.O. Box Number is Not Acceptable)

625 Court St. # 625

City

Clearwater

FL

Zip Code

33756

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)

DATE

5/21/08

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
NAME SHEPHARD, WILLIAM ☐ Delete
STREET ADDRESS 44 N. PINE CIRCLE
CITY-ST-ZIP BELLEAIR FL

TITLE ST
NAME SHEPHARD, WILLIAM ☐ Delete
STREET ADDRESS 44 N. PINE CIRCLE
CITY-ST-ZIP BELLEAIR FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900130910399
CITY-ST-ZIP 06/05/08--01037--018 **288.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

William shephard, President 4/22/8

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #