

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 027 ***150.00

DOCUMENT # J00842	
1. Entity Name RICHARD SHEPARD CONSULTANTS, INC.	

Principal Place of Business 1228 NORTH ADAMS ST TALLAHASSEE FL 32303 US	Mailing Address 452 FOREST GREEN DR TALLAHASSEE FL 32308 US
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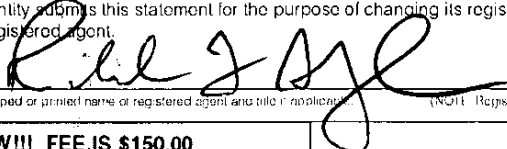
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1228 NORTH ADAMS ST Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State TALLAHASSEE FL.	City & State TALLAHASSEE FL.
Zip 32303	Country USA

4. FEI Number 59-2639122	Applied For Not Applicable
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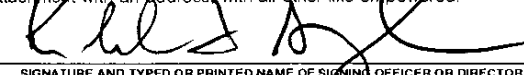
6. Name and Address of Current Registered Agent SHEPARD, RICHARD F. 452 FOREST GREEN DR. TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name SHEPARD, RICHARD F. Street Address (P.O. Box Number is Not Acceptable) 1228 NORTH ADAMS ST City TALLAHASSEE FL Zip Code 32303
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8. 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  4/12/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) (DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST SHEPARD, RICHARD 452 FOREST GREEN DR. TALLAHASSEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PST SHEPARD, RICHARD 1228 N. ADAMS ST TALLAHASSEE, FL 32303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SHEPARD, RICHARD 452 FOREST GREEN DR. TALLAHASSEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D SHEPARD, RICHARD 1228 N. ADAMS ST TALLAHASSEE, FL 32303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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.
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SIGNATURE:  4/12/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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