

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90413 047 ***150.00

DOCUMENT # J65021

1. Entity Name

EUGENE D. SHEETS LAND INVESTORS, INC.



Principal Place of Business

Mailing Address

% EUGENE D. SHEETS
GROVER CLEVELAND BOULEVARD PO BOX 112 GROVER CLEVELAND BOULEVARD PO BOX 112
HOMOSASSA SPRINGS FL 34447-7112 HOMOSASSA SPRINGS FL 34447-7112

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2800755**

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, LOUISE K.
GROVER CLEVELAND BOULEVARD
POST OFFICE BOX 112
HOMOSASSA SPRINGS FL 34447-7112

Name *Louise K. Sheets*
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 112
Homosassa Springs
City *Florida* FL Zip Code *34447*

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

Louise K. Sheets Pres.

April 4 - 2004

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : D ☐ Delete
NAME BRENDLE, CAROLYN S.
STREET ADDRESS 7911 NORTH EDISON
CITY-ST-ZIP TAMPA FL

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

TITLE : D ☐ Delete
NAME SHEETS, JIMMY K.
STREET ADDRESS PO BOX 112 N/A
CITY-ST-ZIP HOMOSASSA SPGS FL 34447

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Louise K. Sheets - Pres. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4 - '04
Date

Daytime Phone #