

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J65021</b> 1. Entity Name <b>EUGENE D. SHEETS LAND INVESTORS, INC.</b>					
Principal Place of Business — Mailing Address <b>% EUGENE D. SHEETS</b> <b>% EUGENE D. SHEETS</b> <b>GROVER CLEVELAND BOULEVARD PO BOX 112</b> <b>GROVER CLEVELAND BOULEVARD PO BOX 112</b> <b>HOMOSASSA SPRINGS FL 34447-7112</b> <b>HOMOSASSA SPRINGS FL 34447-7112</b>					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2800755</b> Applied for <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEETS, LOUISE K.</b> <b>POST OFFICE BOX 112</b> <b>HOMOSASSA SPRINGS FL 34447</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BRENDEL, CAROLYN S.</b>	NAME			
STREET ADDRESS	<b>7911 NORTH EDISON</b>	STREET ADDRESS			
CITY- ST- ZIP	<b>TAMPA FL</b>	CITY- ST- ZIP	<b>000000433821</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHEETS, JIMMY K.</b>	NAME			
STREET ADDRESS	<b>PO BOX 112 N/A</b>	STREET ADDRESS			
CITY- ST- ZIP	<b>HOMOSASSA SPGS FL 34447</b>	CITY- ST- ZIP	<b>02/24/06 80033-014 150.00</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		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: Louise K. Sheets (Pres) Louise K. Sheets 2-13-2006