


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 013 ***150.00

DOCUMENT # J65021 1. Entity Name EUGENE D. SHEETS LAND INVESTORS, INC.					
Principal Place of Business % EUGENE D. SHEETS GROVER CLEVELAND BOULEVARD PO BOX 112 HOMOSASSA SPRINGS FL 34447-7112				Mailing Address % EUGENE D. SHEETS GROVER CLEVELAND BOULEVARD PO BOX 112 HOMOSASSA SPRINGS FL 34447-7112	
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEETS, LOUISE K. POST OFFICE BOX 112 HOMOSASSA SPRINGS FL 34447				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDLE, CAROLYN S.		NAME	James D. Sheets	
STREET ADDRESS	7911 NORTH EDISON		STREET ADDRESS	7887 W. Homosassa Trl.	
CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP	Homosassa, FL 34444	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEETS, JIMMY K.		NAME	Teresa S Williams	
STREET ADDRESS	PO BOX 112 N/A		STREET ADDRESS	3810 S Blue Jay Ter. Pobox 759	
CITY - ST - ZIP	HOMOSASSA SPGS FL 34447		CITY - ST - ZIP	Leonto, FL 34460	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Louise K. Sheets	
STREET ADDRESS			STREET ADDRESS	3850 S. Blue Jay Ter.	
CITY - ST - ZIP			CITY - ST - ZIP	Homosassa FL 34446	
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: <u>Louise K. Sheets</u> 4/15/07/352-628-3489 / Louise K. Sheets (Pres)					