

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65021

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** EUGENE D. SHEETS LAND INVESTORS, INC.

**Current Principal Place of Business:**

% EUGENE D. SHEETS  
5850 S BLUE JAY TER  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

% EUGENE D. SHEETS  
PO BOX 112  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

**FEI Number:** 59-2800755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEETS, LOUISE K.  
5850 S BLUE JAY TER  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BRENDLE, CAROLYN S.  
**Address:** 7911 NORTH EDISON  
**City-St-Zip:** TAMPA, FL

**Title:** D  
**Name:** SHEETS, JAMES D  
**Address:** 7887 W. HOMOSASSA TRL  
**City-St-Zip:** HOMOSASSA, FL 34446

**Title:** D  
**Name:** WILLIAMS, TERESA S  
**Address:** 3760 S BLUE JAY TERR P.O. BOX 759  
**City-St-Zip:** LECANTO, FL 34460

**Title:** P  
**Name:** SHEETS, LOUISE K  
**Address:** 5850 S. BLUE JAY TER  
**City-St-Zip:** HOMOSASSA, FL 34446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LOUISE SHEETS

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date