

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # K68012 1. Entity Name SHEPPARD, BRETT, STEWART, HERSCH & KINSEY, P.A.	
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Principal Place of Business 9100 COLLEGE POINTE COURT FT MYERS, FL 33919 US	Mailing Address 9100 COLLEGE POINTE COURT FT MYERS, FL 33919 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0102401	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAY A. BRETT 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETT, JAY A. 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JOHN F. 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG R HERSH 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSEY, JR., D. HUGH 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80077-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 239 334-1141
Date Daytime Phone #