


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03454
 1. Entity Name
 SHEP'S WELDING, INC.



Principal Place of Business Mailing Address
 % DERWOOD C. SHEPPARD PO BOX 296
 2 MILES WEST ON S.R. 345 CHIEFLAND, FL 32644
 CHIEFLAND, FL 32626

DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2963266 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHEPPARD, DERWOOD C.
 2 MILES WEST ON S.R. 345
 CHIEFLAND, FL 32626

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000240315
 02/23/05-80026-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEPPARD, DERWOOD
STREET ADDRESS	9791 NW COUNTY ROAD 345
CITY - ST - ZIP	CHIEFLAND, FL
TITLE	ST
NAME	SHEPPARD, SUSIE
STREET ADDRESS	9791 NW COUNTY ROAD 345
CITY - ST - ZIP	CHIEFLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Derwood C. Sheppard Date: 2-21-05 Daytime Phone #: 352-493-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR