


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 25, 2007 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



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2963266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000602224
 01/26/07-80080-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPPARD, DERWOOD 9791 NW COUNTY ROAD 345 CHIEFLAND, FL
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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: *Derwood C. Sheppard* Date: *1-18-07* Daytime Phone #: *352-493-1730*