

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03454

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SHEP'S WELDING, INC.

## Current Principal Place of Business:

% DERWOOD C. SHEPPARD  
2 MILES WEST ON S.R. 345  
CHIEFLAND, FL 32626

## New Principal Place of Business:

9791 N.W. COUNTY ROAD 345  
CHIEFLAND, FL 32626

## Current Mailing Address:

PO BOX 296  
CHIEFLAND, FL 32644

## New Mailing Address:

P.O. BOX 296  
CHIEFLAND, FL 32644

FEI Number: 59-2963266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEPPARD, DERWOOD C.  
2 MILES WEST ON S.R. 345  
CHIEFLAND, FL 32626 US

## Name and Address of New Registered Agent:

SHEPPARD, DERWOOD C PRESIDE  
2 MILES WEST ON S.R. 345  
CHIEFLAND, FL 32626 US

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: DERWOOD C. SHEPPARD

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHEPPARD, DERWOOD,  
Address: 9791 NW COUNTY ROAD 345  
City-St-Zip: CHIEFLAND, FL

Title: ST ( ) Delete  
Name: SHEPPARD, SUSIE,  
Address: 9791 NW COUNTY ROAD 345  
City-St-Zip: CHIEFLAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SHEPPARD, DERWOOD,  
Address: 9791 NW COUNTY ROAD 345  
City-St-Zip: CHIEFLAND, FL 32626 US

Title: SECR (X) Change ( ) Addition  
Name: SHEPPARD, SUSIE,  
Address: 9791 NW COUNTY ROAD 345  
City-St-Zip: CHIEFLAND, FL 32626 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DERWOOD C. SHEPPARD

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date