

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # M03910

1. Entity Name
SHEPARD CONTRACTING, INC.



Principal Place of Business
**122 BEECHERS PT DR.
WELAKA, FL 32193 US**

Mailing Address
**PO BOX 629
WELAKA, FL 32193 US**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2438391 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SHEPARD, ROBERT D.
122 BEECHERS PT DR.
WELAKA, FL 32193**

**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

Robert D. Shepard President 1/20/05

**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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHEPARD, ROBERT D. 122 BEECHERS PT DR. WELAKA, FL 32193 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SHEPARD, PATRICIA A. 122 BEECHERS PT DR. WELAKA, FL 32193 |
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**DO NOT WRITE
IN THIS SPACE**

01/27/05-80037-004 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert D. Shepard 1/20/05 386.312.9600