

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M03910 1. Entity Name SHEPARD CONTRACTING, INC.	
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Principal Place of Business
**122 BEECHERS PT DR.
WELAKA, FL 32193 US**

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



02092006 No Chg P CR26034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2438391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

7. 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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 8th
Added to Fees

U000000431427
02/23/06-80027-013 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

DATE

DAYTIME PHONE #

2/9/06 386.467.9910