

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 040 ***150.00

DOCUMENT # M21207

1. Entity Name
RICHARD L. SHEPHARD & ASSOCIATES, INC.



Principal Place of Business

219 S.E. 23RD AVE.
BOYNTON BEACH, FL 33425 US
33435-7619

Mailing Address

219 S.E. 23RD AVE.
BOYNTON BEACH, FL 33425 US
33435-7619

40098835



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2578990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J ESQ
1200 NORTH FEDERAL HIGHWAY
SUITE 420
BOCA RATON, FL 34432
33432

**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

**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

10. OFFICERS AND DIRECTORS

TITLE P
NAME TUCKER, JOSEPH M
STREET ADDRESS 219 S.E. 23RD AVE.
CITY - ST - ZIP BOYNTON BEACH, FL 33425 33435-7619

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9/30/07

Date

Daytime Phone #