


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90054 022 \*\*\*\*61.25

DOCUMENT # N02000007595			
1. Entity Name THE SHEPHERD'S GARDEN, INC.			
Principal Place of Business 6110 MYAKKA VALLEY TRAIL SARASOTA, FL 34241		Mailing Address <del>18201 GULF BLVD. #401</del> <del>REDINGTON SHORES, FL 33708</del>	
2. Principal Place of Business		3. Mailing Address 6110 MYAKKA VALLEY TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		4. FEI Number 37-1447197	
Zip 34241		Country SARASOTA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TURNER, ROBERT H 18201 GULF BLVD. #401 REDINGTON SHORES, FL 33708  ADDRESS CHANGE →		Name: ROBERT H. TURNER Street Address (P.O. Box Number is Not Acceptable) 6110 MYAKKA VALLEY TRAIL City: SARASOTA FL Zip Code: 34241	
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: <i>Robert H. Turner</i>		DATE: 4/12/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: TURNER, ROBERT H	TITLE: D	NAME: TURNER, ROBERT H
STREET ADDRESS: 18201 GULF BLVD. #401	CITY-ST-ZIP: REDINGTON SHORES, FL 33708	STREET ADDRESS: 6110 MYAKKA VALLEY TRAIL	CITY-ST-ZIP: SARASOTA, FL 34241
TITLE: D	NAME: SMYZER, ROGER E	TITLE:	NAME:
STREET ADDRESS: 250 SIESTA LANE	CITY-ST-ZIP: LARGO, FL 33770	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: SCHAEGLER, ANGELA	TITLE:	NAME:
STREET ADDRESS: 1701 EMERALD DRIVE	CITY-ST-ZIP: CLEARWATER, FL 33756	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: T	NAME: BIRD, LORRAINE	TITLE:	NAME:
STREET ADDRESS: 18131 GULF BLVD., STE AA	CITY-ST-ZIP: REDINGTON SHORES, FL 33708	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>Robert H. Turner</i>		DATE: 4/12/04 (941)921-5196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01102004 Chg-NP CR2E037 (10/03)

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 APR 14 2004  
 SECRETARY OF STATE