2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011370

1. Entity Name
SHEEP SHED INC.

Principal Place of Business	Mailing Address
394 SOUTHLAND RD VENICE, FL 34293	608 BITTNER BLVD NOKOMIS, FL 34275

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02182008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-3707043	Not Applicable

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

6. Name and Address of Current Registered Agent

MAXWELL, REGINA
608 BITTNER BLVD
NOKOMIS, FL 34275

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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

Filing Fee Is $61.25 **Due by May 1, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000834813 02/29/08-80007-006 70.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MAXWELL, REGINA
STREET ADDRESS	608 BITTNER BLVD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	MURPHY, SHARI
STREET ADDRESS	571 SUNSET BEACH DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	ST
NAME	DAMIANO, FRANKIE
STREET ADDRESS	127 NORTH LN
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 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: _DR REGINA MAXWELL_   DR REGINA MAXWELL   2-18-08   9414881897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #