

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011370

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SHEEP SHED INC.

## Current Principal Place of Business:

394 SOUTHLAND RD  
VENICE, FL 34293

## New Principal Place of Business:

## Current Mailing Address:

608 BITTNER BLVD  
NOKOMIS, FL 34275

## New Mailing Address:

FEI Number: 20-3707043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAXWELL, REGINA  
608 BITTNER BLVD  
NOKOMIS, FL 34275      US

## Name and Address of New Registered Agent:

MAXWELL, REGINA DR  
608 BITTNER BLVD  
NOKOMIS, FL 34275      US

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.

SIGNATURE: DR REGINA MAXWELL

03/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAXWELL, REGINA  
Address: 608 BITTNER BLVD  
City-St-Zip: NOKOMIS, FL 34275

Title: VP ( ) Delete  
Name: MURPHY, SHARI  
Address: 571 SUNSET BEACH DR  
City-St-Zip: VENICE, FL 34293

Title: ST ( ) Delete  
Name: DAMIANO, FRANKIE  
Address: 127 NORTH LN  
City-St-Zip: OSPREY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAXWELL, REGINA DR  
Address: 608 BITTNER BLVD  
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Change ( ) Addition  
Name: MURPHY, SHARI  
Address: 3748 SHAMROCK DR  
City-St-Zip: VENICE, FL 34293

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR REGINA MAXWELL

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date