

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006351

FILED
Mar 13, 2005
Secretary of State

Entity Name: FEED MY SHEEP, INC.

Current Principal Place of Business:

537 BARBARA LANE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

537 BARBARA LANE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 31-1478756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERST, MICHAEL E
537 BARBARA LANE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SERRANO, PIO
Address: 5448 SKYLARK COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: CANTRALL, DAVID
Address: 1628 2ND STREET N APT 227
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: ROBERTS, DIANE
Address: 537 OLEANDER STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PD () Delete
Name: GERST, MICHAEL E
Address: 537 BARBARA LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL E. GERST

PD

03/13/2005

Electronic Signature of Signing Officer or Director

Date