

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006351	
1. Entity Name FEED MY SHEEP, INC.	

Principal Place of Business 537 BARBARA LANE JACKSONVILLE BEACH, FL 32250	Mailing Address 537 BARBARA LANE JACKSONVILLE BEACH, FL 32250
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01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1478756	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GERST, MICHAEL E 537 BARBARA LANE JACKSONVILLE BEACH, FL 32250

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000616698
02/07/07-80040-008 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, NANCY 1766 SACRENTARIAT LN N JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANTRALL, DAVID 1628 2ND STREET N APT 227 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8D MARTIN, JACQUELINE 1820 HAWAII DR E JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERST, MICHAEL E 537 BARBARA LANE JACKSONVILLE BEACH, FL 32250
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: Michael E. Gerst Michael E. Gerst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07 904-247-6744
Date Daytime Phone #