# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2009**
**Secretary of State**

DOCUMENT# N96000006351

**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: THOMAS, NANCY
Address: 1766 SECRATARIAT LN N
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete
Name: SMATHERS, ROBIN
Address: 4385 6TH AVE. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: MARTIN, JACQUELINE
Address: 8556 TURKEY OAKS DR. S.
City-St-Zip: JACKSONVILLE, FL 32277

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 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: MICHAEL E. GERST PD 01/21/2009
Electronic Signature of Signing Officer or Director — Date