

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006351

FILED  
Apr 10, 2012  
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  
Name: THOMAS, NANCY  
Address: 1766 SECRETARIAT LN N  
City-St-Zip: JACKSONVILLE, FL 32218

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E. GERST

PD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date