


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90240 021 ***150.00

DOCUMENT # P0000065755					
1. Entity Name SHEPARD LANDSCAPING, INC.					
Principal Place of Business 3554 BAYFIELD STREET COCOA, FL 32926		Mailing Address 3554 BAYFIELD STREET COCOA, FL 32926			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3660564	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPARD, KAREN D 3554 BAYFIELD STREET COCOA, FL 32926			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Karen D. Shepard</i>		Karen D. Shepard		DATE: <i>4-26-04</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPARD, WARREN C 3554 BAYFIELD STREET COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEPARD, KAREN D 3554 BAYFIELD STREET COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: <i>Karen D. Shepard</i>		Karen D. Shepard President		DATE: <i>4-26-04</i> (321) 631-5889	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

94072130



04222004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Additional Fee Required

FL Zip Code

Karen D. Shepard

4-26-04

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHEPARD, KAREN D 3554 BAYFIELD STREET COCOA, FL 32926	<input type="checkbox"/> Delete
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SIGNATURE: *Karen D. Shepard* Karen D. Shepard President DATE: *4-26-04* (321) 631-5889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #