2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

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DOCUMENT # 1. Entity Name	P00000092936			

1. Entity Name					05-27-2002 90394 003 ***150.00			
THE SHEPHERD'S INN, INC.								
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	Place of Business	3. Mailing Address						
	SUN ROAD	13289 SUN	ROAD			•		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	ate	City & State		4 5	El Number		Applied Co.	
	SVILLE, FL 34613	BROOKSVILL	E. FL 34		9-3677932	ŀ	Applied For Not Applicable	
Zip	Country	Zip Country				\$8.7	5 Additional	
					5. Certificate of Status Desired Fee Required			
o din Astr	er mag leber after restriction		Name	7. Nai	me and Address of Curren	t Registered Agen	t	
	BONGEW	Oline:	Name SW	AFFORD:	THEA M		- 5.	
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			City	OOKSVIL	LE	FL 3	4 ⁶ 6 ^{1e} 3	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or	registered age	nt, or both, in the State of Fi			
	$\alpha Aha \cdot (Da - \cdot \cdot)$			- 3	THE STATE OF THE STATE OF THE	orrag.		
SIGNATURE	X Y Way Vane	Swalf C				04/30/02	2	
<u></u>	Signature, typed or printed name of registered agent an		: Registered Agent signatu		istating)	DATE		
	oration is eligible to satisfy its Intangible	January 1 - M	ay 1 Fee is \$150	.00	40 Flantin Council 5			
	requirement and elects to do so. ria on back)	Amended	1, Fee is \$550.00 I UBR is \$61.25	A section of	 Election Campaign Fir Trust Fund Contribution 	`	\$5.00 May Be Added to Fees	
	-	Make Check Payab	le to Department	of State 🚙				
11.	OFFICERS AND D	IRECTORS				CONTRACTOR Y		
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STREET ADDRESS	13289 SUN ROAD		STREET ADDRESS					
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NAME STREET ADDRESS - CITY-ST-ZIP	ertify that the information supplied with th		STREET ADDRESS CITY-ST-ZIP	and the second s				

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:X

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

明EA M. SWAFFORD

04/30/02

Daytime Phone #