

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90003 046 \*\*\*150.00

**DOCUMENT # P00000092936**

1. Entity Name  
**THE SHEPHERD'S INN, INC.**



Principal Place of Business  
**13289 SUN RD  
BROOKSVILLE, FL 34613**

Mailing Address  
**13289 SUN RD  
BROOKSVILLE, FL 34613**

**00000000**



05202005 No Chg-P. CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3677932**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SWAFFORD, THEA M  
13289 SUN RD.  
BROOKSVILLE, FL 34613**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
SWAFFORD, DONALD L  
13289 SUN RD  
BROOKSVILLE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
SWAFFORD, THEA M  
13289 SUN RD  
BROOKSVILLE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:** *Thea M Swafford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-30-05* *352-596-0301*  
Date Daytime Phone #

ATTACHMENT

50053505-

13289 Sun Road  
Brooksville, Florida 34613

May 27, 2005

Division of Corporations  
Post Office Box 6198  
Tallahassee, FL 32302

Re: Document #P00000092936

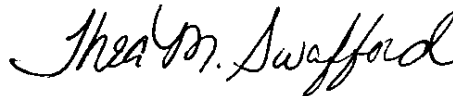
Dear Sir or Madam:

When I recently had my C.P.A. prepare my business and personal taxes, he advised that a 2005 For Profit Corporation Annual Report should have been filed by May 1<sup>st</sup> for my business, The Shepherd's Inn, Inc. He further advised that I should have received notification of this annual filing from the Division during the month of January. I did not.

I have downloaded a preprinted 2005 For Profit Corporation Annual Report and I am enclosing it, along with my check for \$150.00. I respectfully request that you accept the \$150.00 filing fee, since I did not receive any notification from the Division.

Your consideration in this matter is greatly appreciated. Thank you.

Sincerely,



Thea M. Swafford,  
President

Enclosures