

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

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**



04192006 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-3677932**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

**1100300535052
05/02/06 00000 004 150.00**

10. OFFICERS AND DIRECTORS

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

**TITLE DPST
NAME SWAFFORD, THEA M
STREET ADDRESS 13289 SUN RD
CITY-ST-ZIP 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 exemptions contained 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 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 Marie Swafford* Thea Marie Swafford X 04-20-06 352-596-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #