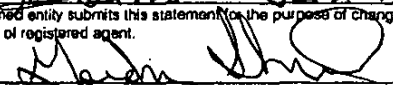
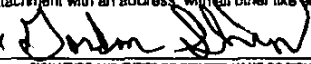


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-08-2005 90048 013 ***150.00

DOCUMENT # P01000107618			
1. Entity Name GORDON SHEPPARD, INC.			
Principal Place of Business 12131 MARIPOE RD BROOKSVILLE, FL 34614		Mailing Address PO BOX 1269 INVERNESS, FL 34451	
2. Principal Place of Business PO BOX 1269 Suite, Apt. #, etc.		3. Mailing Address PO BOX 1269 Suite, Apt. #, etc.	
City & State INVERNESS FL		City & State INVERNESS FL	
Zip 34451	Country USA	Zip 34451	Country USA
6. Name and Address of Current Registered Agent SHEPPARD, GORDON A 12131 MARIPOE RD BROOKSVILLE, FL 34614 1813 NUS Hwy 41, Inverness, FL 34451		7. Name and Address of New Registered Agent GORDON Sheppard Street Address (P.O. Box Number is Not Acceptable) 6959 N. CARL GROBE HWY City HERNANDO FL Zip Code 34442	
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:  DATE: 4/18/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPST SHEPPARD, GORDON A 12131 MARIPOE RD BROOKSVILLE, FL 34614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  GORDON SHEPPARD		x4/16/05 3024643131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	