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Apr 20, 2005 8:00 am
Secretary of State

04-08-2005 90048 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107618

1. Entity Name
GORDON SHEPPARD, INC.

Principal Place of Business
~~12131 MARIPOE RD~~
~~BROOKSVILLE, FL 34614~~
1813 N US Hwy 41

Mailing Address
~~12131 MARIPOE RD~~
~~BROOKSVILLE, FL 34614~~
PO Box 1267 Inverness, FL 34451
Inverness, FL 34450

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
PO BOX 1269	PO BOX 1269
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS FL	City & State: INVERNESS FL
Zip: 34451 Country: USA	Zip: 34451 Country: USA

4. FEI Number: 59-3755788 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SHEPPARD, GORDON A ~~PO Box 1269~~
~~12131 MARIPOE RD~~
~~BROOKSVILLE, FL 34614~~
~~1813 N US Hwy 41, Inverness, FL~~
~~Inverness FL 34450~~ 34451

7. Name and Address of New Registered Agent
Name: Gordon Sheppard
Street Address (P.O. Box Number is Not Acceptable): 6959 N, Carl G Rose 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: [signature] 4/18/05
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
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	DPST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, GORDON A		NAME	
STREET ADDRESS	12131 MARIPOE RD		STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34614		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: X [signature] GORDON SHEPPARD X 4/6/05 3524643131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #