


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 034 ***150.00

DOCUMENT # P01000107618	
1. Entity Name GORDON SHEPPARD, INC.	

40034641

Principal Place of Business 1809 1813 N US HWY 41 INVERNESS, FL 34450	Mailing Address P.O. BOX 1269 INVERNESS, FL 34451
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02282007 Chg-P CR2E034 (12/06)



4. FEI Number
59-3755788

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

6. Name and Address of Current Registered Agent SHEPPARD, GORDON A 6959 N CARL G ROSE HWY HERNANDO, FL 34442 4879 N. Highland Park dr. Hernando, Fla 34443

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PO BOX 1269 City INVERNESS FL Zip Code 34451
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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 *Gordon Sheppard* GORDON SHEPPARD CEO x03/08/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition PO BOX 1269 INVERNESS FL 34451
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fee empowered.

SIGNATURE *Gordon Sheppard* GORDON SHEPPARD x03/08/07 352.584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE

8019