

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000004642

Entity Name: CHARLOTTE SHEPPARD, INC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4646 BALSAM DRIVE  
LAND O' LAKS, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

4646 BALSAM DRIVE  
LAND O' LAKS, FL 34639

**New Mailing Address:**

FEI Number: 03-0381508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEPPARD, CHARLOTTE  
4646 BALSAM DR  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SHEPPARD, CHARLOTTE  
Address: 4646 BALSAM DR  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLOTTE SHEPPARD

MRS.

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date