

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029537

1. Entity Name
SHEPPARD SECURITY & COMMUNICATION, INC.



Principal Place of Business
6602 CAUSEWAY BLVD.
TAMPA, FL 33619

Mailing Address
6602 CAUSEWAY BLVD.
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2026493

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, GALEN K
6602 CAUSEWAY BLVD.
TAMPA, FL 33619

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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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPPARD, GALEN K
STREET ADDRESS	1419 POPE PLACE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VPD
NAME	SHEPPARD, CHERYL A
STREET ADDRESS	1419 POPE PLACE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VPD
NAME	SHEPPARD, JAMES W JR.
STREET ADDRESS	6710 20TH AVENUE S.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000544311
05/11/06-80029-018 150.00

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06

Date

813-630-5656

Daytime Phone #