

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 044 ***150.00

DOCUMENT # P03000056079

1. Entity Name

SHEPHERDS PETS PLUS, INC.



Principal Place of Business

**4975 GOLDEN GATE PKWY
NAPLES, FL 34116**

Mailing Address

**4975 GOLDEN GATE PKWY
NAPLES, FL 34116**

54067407

2. Principal Place of Business

5535 GOLDEN GATE PKWY

3. Mailing Address

5535 GOLDEN GATE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



08052004

Chg-P

CR2E034 (10/03)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-2848891

Applied For

Not Applicable

Zip

34116

Country

COLLIER

Zip

34116

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEPHERD, J. MIKE
4975 GOLDEN GATE PKWY
NAPLES, FL 34116**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5535 GOLDEN GATE PKWY

City

NAPLES

FL

Zip Code

34116

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHEPHERD, J. MIKE**
CITY-ST-ZIP **4975 GOLDEN GATE PKWY
NAPLES, FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **SHEPHERD, J. MIKE**
STREET ADDRESS **5535 GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

J. Mike Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-2004

Date

239-455-0880

Daytime Phone #