2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

TURE AND TYPED OF

Apr 21, 2005 8:00 am **Secretary of State DOCUMENT # P03000086902** 04-21-2005 90247 032 ***150.00 1. Entity Name S & K SHEP'S, INC. Principal Place of Business Mailing Address 13435 SOUTH MCCALL RD 44433303 1061 ROTUNDA CIR ROTONDA WEST, FL 33947 PORT CHARLOTTE, FL 33981 %F,/,,,425,.F& 2. Principal Place of Business 106/ROTONDA CIR Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For STONDA WEST 20-0140121 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPARD, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 2202-SE 27TH-TERRACE CAPE CORAL: FL 33904 STONDA CIR STUNDA WE51 8. The above named entity submits this statement for the purpose of pranging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SHEDARD SIGNATURE. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ппе Thange Delete SHEPARD, STEPHEN J NAME NAME 1061 RUTONDA CIR. RUTUNDA W. FLA 33947 STREET ADDRESS 2202 SE 27TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP ШТ Delete TITLE ☐ Addition SHEPARD, STEPHEN J NAME NAME STREET ADDRESS 2202 SE 27TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 COV-SI-7/P SEC TITLE Delete TITLE 17 Shange ☐ Addition SHEPARD, KIM NAME NAME 1061 ROTONDA CIR ROTONDA W. KA. 33947 STREET ADDRESS 2202 SE 27TH TERRACE STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP TITLE TR Delete TITLE ☐ Change Addition SHEPARD, KIM MAME NAME 2202 SE 27TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPÉ CORAL, FL 33904 CITY-ST-ZIP Delete THE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP 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 filling 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.

FILED