

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

07 OCT -9 AM 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P03000108471

1. Entity Name

Shepherd Ventures, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

126 NE 13th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACECity & State  
Delray Beach, FL

City &amp; State

4. FEI Number  
20-0307264Applied For  
Not ApplicableZip  
33344

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert Shepherd

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

126 NE 13th Street

City

Delray Beach

FL

Zip Code  
33444

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Robert Shepherd  
126 NE 13th Street  
Delray Beach, FL 33444TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Robert Shepherd*

Robert Shepherd, President

9/30/2007

561-997-2463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

## Shepherd Ventures, Inc.

126 NE 13<sup>th</sup> Street  
Delray Beach, FL 33444

Ph. (561) 445-4868

September 30, 2007

Division of Corporation  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Subject: 2007 For Profit Corporation Annual Report (AR)

Ladies and Gentlemen:

Please accept my payment of \$150 for the filing year 2007.

I never received the form in the first place.

It was not until I received a postcard telling me that I was late that I requested the form and then I got the form to complete.

Thank you for your understanding and the acceptance of my filing.

Sincerely,

  
Robert Shepherd.