## 2006 FOR PROFIT CORPORATION

## · ANNUAL REPORT **DOCUMENT # P03000137663** 1. Entity Name KENNETH L. SHEPHARD CONTRACTOR, INC.

**FILED** Feb 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

18 O'NEIL-SCOTT RD

FERNANDINA BCH, FL 32034

18 O'NEIL-SCOTT RD FERNANDINA BCH, FL 32034



CR2E034 (11/05)

904 261-542

DO NOT WRITE IN THIS SPACE

4,	FEI Number	<del></del>		Applied For
	59-3286552			Not Applicable
5.	Certificate of Status Desired		\$8.75 Fee Re	Additional quired

5. Name and Address of Current Registered Agent

SHEPHARD, KENNETH L 18 O'NEIL-SCOTT RD FERNANDINA BCH, FL 32034

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

01082006

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 little if applicable (NOTE, Registered Agent signature required when reinstating)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	<b>,</b> 0	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHARD, KENNETH L 18 O'NEIL-SCOTT RD FERNANDINA BCH, FL 32034							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					(3,7)3/()6-8())45-UUT 150.UU			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			—	IN .	THIS SPACE			
TITLE NAME STREET ADDRESS ONY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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.								

02-16-2006

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR