

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90061 035 \*\*\*158.75

**DOCUMENT # P03000152687**

1. Entity Name  
**DAVID SHEETS INCORPORATED**



Principal Place of Business  
**1641 SE COLLETTE CT  
PT ST LUCIE, FL 34952**

Mailing Address  
**1641 SE COLLETTE CT  
PT ST LUCIE, FL 34952**

**94012615**



2. Principal Place of Business  
**1641 S.E. Collette Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1641 S.E. Collette Ct.**  
Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State  
**Port St. Lucie, Fl.**

City & State  
**Port St. Lucie, Fl.**

4. FEI Number  
**200581022**

Applied For  
Not Applicable

Zip  
**34952**

Country  
**USA**

Zip  
**34952**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SHEETS, DAVID L.  
1641 SE COLLETTE CT  
PT ST LUCIE, FL 34952**

**7. Name and Address of New Registered Agent**

Name  
**David Lynn Sheets**

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

**1641 S.E. Collette Ct.**

City **Port St. Lucie, Fl.** **FL** Zip Code **34952**

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **SHEETS, DAVID L**  
STREET ADDRESS **1641 SE COLLETTE CT**  
CITY-ST-ZIP **PT ST LUCIE, FL 34952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*David Lynn Sheets*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #