


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 013 ***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		
2. Principal Place of Business 2707 SW Fondum Rd		3. Mailing Address 1367 NE Sago DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-P CR2E034 (10/03)	
City & State Port St. Lucie, FL		City & State Jensen Beh, FL		4. FEI Number 20-0581022	
Zip 34953		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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): 1367 NE Sago Drive City: Jensen Beh FL Zip Code: 34957		
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: <u>David Lynn Sheets</u> PL 11/19/2005 DATE: 11/19/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, DAVID L 1641 SE COLLETTE CT PT ST LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Lynn Sheets 1367 NE Sago Drive Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>David Lynn Sheets</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/19/2005 772-528-5323 <small>Date Daytime Phone #</small>		