


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State


01-19-2006 90078 033 ***158.75

DOCUMENT # P03000152687	
1. Entity Name DAVID SHEETS INCORPORATED	

Principal Place of Business 2707 SW FONDURA ROAD PORT SAINT LUCIE, FL 34953	Mailing Address 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957
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2. Principal Place of Business 1367 NE Sago Drive Suite, Apt. #, etc.	3. Mailing Address 1367 NE Sago Drive Suite, Apt. #, etc.
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City & State Jensen Beach, Fl.	City & State Jensen Beach, Fl.
Zip 34957	Country Marten

	
01042006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-0581022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent SHEETS, DAVID L 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>David Lynn Sheets</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 1/10/2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, DAVID L 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957 <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 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.	
SIGNATURE: <i>David Lynn Sheets</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/10/2006 Daytime Phone #