## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000152687**

Entity Name

DAVID SHEETS INCORPORATED



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1367 NE SAGO DR JENSEN BEACH, FL 34957 1367 NE SAGO DR JENSEN BEACH, FL 34957



nn	NOT	<b>WRITE</b>	IN	THIS	SPACE
UU		AALIIL	11.4		STAGE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

SHEETS, DAVID L 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the litins of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen) and title	if applicable (NOTE: Registered	Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, DAVID L 1367 NE SAGO DRIVE JENSEN BEACH, FL 34957				,
NAME STREET ADDRESS CITY-ST-ZIP					000000859942 04/02/08-80044-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
149 Charabura	nadification and and information associate with this f	iting dogs not qualify for the eye	motione cor	stained in Chapter 110	Florida Statutoe I further certify that the information

12. Thereby certify that the information supplied with this 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.

Q1	CN	JΛ	TI	IĐ	⊏.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2008
Dete Desprise Proce #

772-225-8229