

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000027180

1. Entity Name  
SHEPPARD RENOVATIONS, INC.



Principal Place of Business  
206 S.E. VILLAS STREET  
STUART, FL 34994

Mailing Address  
206 S.E. VILLAS STREET  
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 11, 2007 8:00 am  
Secretary of State**

04-11-2007 90015 018 \*\*\*150.00



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0720121	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

SHEPPARD, JOHN O  
206 S.E. VILLAS STREET  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPPARD, JOHN O
STREET ADDRESS	206 S.E. VILLAS ST.
CITY-ST-ZIP	STUART, FL 34994
TITLE	SEC
NAME	SHEPPARD, CYNTHIA G
STREET ADDRESS	206 S.E. VILLAS ST.
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

*Cynthia G. Sheppard*  
SIGNATURE: *Cynthia G. Sheppard* V.P. Secretary 4/1/07 772-220-3080  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #