
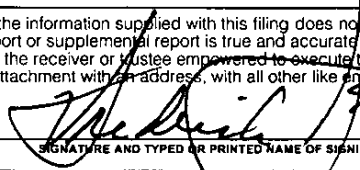


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90198 034 ***150.00

DOCUMENT # P05000095191 1. Entity Name THE SHEPHERD'S LANE, INC.					
Principal Place of Business 5120 S. LAKELAND DR. SUITE 2 LAKELAND, FL 33813			Mailing Address 5120 S. LAKELAND DR. SUITE 2 LAKELAND, FL 33813		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRAWBRIDGE, V. FREDERICK 5120 S. LAKELAND DR. SUITE 2 LAKELAND, FL 33813			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAWBRIDGE, V. FREDERICK		NAME		
STREET ADDRESS	5202 MESSINA		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAWBRIDGE, STEPHEN P		NAME		
STREET ADDRESS	46 MORSE DR.		STREET ADDRESS		
CITY-ST-ZIP	FLINTSTONE, GA 30725		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAWBRIDGE, SAMUEL		NAME		
STREET ADDRESS	219 SE 54TH COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/26/06 863-646-9332 J. FREDERICK STRAWBRIDGE Daytime Phone #		