

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121667

Entity Name: SHEPPARD'S GARAGE, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

211 PERRY STREET
POMONA PARK, FL 32181

New Principal Place of Business:

2 S. SUMMIT ST.
CRESCENT CITY, FL 32112

Current Mailing Address:

PO BOX 801
POMONA PARK, FL 321810801

New Mailing Address:

FEI Number: 20-3476311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, MICHAEL J
211 PERRY STREET
POMONA PARK, FL 32181 US

Name and Address of New Registered Agent:

SHEPPARD, MICHAEL J
2 SOUTH SUMMIT ST.
CRESCENT CITY, FL 32112 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/12/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEPPARD, MICHAEL J
Address: 440 CISCO RD
City-St-Zip: POMONA PARK, FL 32182

Title: VST () Delete
Name: SHEPPARD, ROSANNA
Address: 440 CISCO RD
City-St-Zip: POMONA PARK, FL 32182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANNA SHEPPARD

VST

03/12/2009

Electronic Signature of Signing Officer or Director

Date