

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000067028

**FILED**  
**Aug 07, 2014**  
**Secretary of State**

**Entity Name:** SHEPPARD HEATING & COOLING INC.

**Current Principal Place of Business:**

1015 HIGHVIEW DR  
LAKE WALES, FL 338533460 US

**New Principal Place of Business:**

3008 MAMMOTH GROVE RD.  
LAKE WALES, FL 33898 US

**Current Mailing Address:**

1015 HIGHVIEW DR  
LAKE WALES, FL 338533460 US

**New Mailing Address:**

3008 MAMMOTH GROVE RD.  
LAKE WALES, FL 33898 US

**FEI Number:** 27-3266691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPPARD, MICHAEL S  
1015 HIGHVIEW DR  
LAKE WALES, FL 338533460 US

**Name and Address of New Registered Agent:**

SHEPPARD, MICHAEL S  
3008 MAMMOTH GROVE RD.  
LAKE WALES, FL 33898 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: MICHAEL SHEPPARD

08/07/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVPD  
Name: SHEPPARD, MICHAEL S  
Address: 3008 MAMMOTH GROVE RD.  
City-St-Zip: LAKE WALES, FL 33898 US

Title: STD  
Name: SHEPPARD, TAMMY  
Address: 3008 MAMMOTH GROVE RD.  
City-St-Zip: LAKE WALES, FL 33898 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SHEPPARD

PVPD

08/07/2014

Electronic Signature of Signing Officer or Director

Date