2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # P9300000130 1. Entity Name RAY I. SHEPPARD ENTERPRISES, INC.				Secretary of State
8715 SW 571 COOPER CITY	TH STREET	Mailing Address 8715 SW 57TH STREET COOPER CITY, FL 33328		C COMMITTANT THE CHANGE (YIM ERITY TEMIN) TEMIN TEMIN TO THE COMMITTEE
DO NOT WRITE IN THIS SPACE				04232004 No Chg-P CR2E034 (10/03) 4. FEI Number
SHEPPARD, RAY I 8715 SW 57TH STREET COOPER CITY, FL 33328				DO NOT WRITE IN THIS SPACE
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 tibe II applicable. (NOTE, Registered Agent signature required when reinstaling) DATE				
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	OFFICERS AIDCP SHEPPARD, RAY I 8715 SW 57TH STREET COOPER CITY, FL 33328 T SHEPPARD, THEA F	ND DIRECTORS		U00000130862 04/26/04-80135-016 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8715 SW 57TH ST COOPER CITY, FL 33328 S SHEPPARD, BRIAN K 8715 SW 57TH ST COOPER CITY, FL 33328			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			=	IN THIS SPACE
name Street Address City-St-Zip				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				Control of the contro
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OF FIGHING OFFICER OF BIRECTOR Date Devite Phone &				