2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000035912

1. Entity Name
SHEEBA MOUNTAIN PROPERTIES, INC.

FILED
Mar 17, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1289 CR 72 #110 MENTONE, AL 35984	PO BOX 11 MENTONE, AL 35984 US

01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3256279
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRESTON, MARY LOU
150 KENT RD 1-B
SUITE 4
ST. AUGUSTINE, FL 32086

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when mandated)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACVICAR, MORGANA
STREET ADDRESS	1289 CR 72 # 110
CITY-ST-ZIP	MENTONE, AL 35984
TITLE	D
NAME	LIEU, BARBARA
STREET ADDRESS	101 ATLANTA AVENUE
CITY-ST-ZIP	CLOUDLAND, GA 30731
TITLE	D
NAME	SCHMIDT, FAYANN
STREET ADDRESS	1289 CR72 110
CITY-ST-ZIP	MENTONE, AL 35984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80056-008 150.00

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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: Barbara H. Lieu Barbara H. Lieu, Treasurer 3-10-05 7068626385
SIGNATURE AND TYPED OR PRINTED NAME OF ADDRESS OFFICER OR DIRECTOR — Date — Daytime Phone #