

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 005 ***158.75

DOCUMENT # P95000024389

1. Entity Name
DENNIS SHEPHERD ELECTRIC, INC.



Principal Place of Business
**200 WALER WAY
#4
SAINT AUGUSTINE, FL 32086 US**

Mailing Address
**200 WALER WAY
#4
SAINT AUGUSTINE, FL 32086 US**

50033296



2. Principal Place of Business
**205 Waler Way
Suite, Apt. #, etc.
8**

3. Mailing Address
**205 Waler Way
Suite, Apt. #, etc.
8**

03262005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-3305349

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

6. Name and Address of Current Registered Agent
**SHEPHERD, DENNIS W
312 OLD PLANTATION DR
ST. AUGUSTINE, FL 32086**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPHERD, DENNIS W		NAME		
STREET ADDRESS	200 WALER WAY, #4		STREET ADDRESS	205 Waler Way #8	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPHERD, LORI B		NAME		
STREET ADDRESS	200 WALER WAY, #4		STREET ADDRESS	205 Waler Way #8	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		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		
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 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: **Dennis W. Shepherd** **3/30/05 904-808-1333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #