

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000036607

1. Entity Name
J.B. SHEPHERD AND ASSOCIATES, INC.



Principal Place of Business
**805 EAST CR 476
BUSHNELL, FL 33513 US**

Mailing Address
**805 EAST CR 476
BUSHNELL, FL 33513 US**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3312499** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEPHERD, JR, J. BRADLEY
805 EAST CR 476
BUSHNELL, FL 33513**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000394982
01/26/06-80031-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHEPHERD, JR, J. BRADLEY**
STREET ADDRESS **819 E CR 476**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **VTS**
NAME **SHEPHERD, ANN**
STREET ADDRESS **819 E CR 476**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **D**
NAME **ALBURY, AMY S**
STREET ADDRESS **1699 SEA HOLLY WAY**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D**
NAME **SHEPHERD, VALERIE N**
STREET ADDRESS **564 GARDEN HTS DR**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **D**
NAME **SHEPHERD, ALAN B**
STREET ADDRESS **819 E CR 476**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #