



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000086855		
1. Entity Name SHEPARD'S ENTERPRISES OF SARASOTA, INC.		
Principal Place of Business 1608 RACIMO DRIVE SARASOTA, FL 34240	Mailing Address 1608 RACIMO DRIVE SARASOTA, FL 34240	
DO NOT WRITE IN THIS SPACE		
		02162005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0706206		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SHEPARD, CONNIE M 1608 RACIMO DRIVE SARASOTA, FL 34240		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000333998 04/27/05-80027-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEPARD, CONNIE M 1608 RACIMO DRIVE SARASOTA, FL 34240	
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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: <u>Connie M. Shepard</u> PSTD 21 Apr 2005 941-379-0311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		