2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Feb 06, 2006 08:00 AM Secretary of State **DOCUMENT # P96000086855** 1. Entity Name SHEPARD'S ENTERPRISES OF SARASOTA, INC. Principal Place of Business Mailing Address 1608 RACIMO DRIVE 1608 RACIMO DRIVE SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State Applied For 4. FEt Number City & State 65-0706206 Not Applicat \$8.75 Additional Zω Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEPARD, CONNIE M Street Address (P.O. Box Number is Not Acceptable) 1608 RACÍMO DRIVE SARASOTA FL 34240 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 access the obligations of registered agent. SIGNATURE. DATE (Initial Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Adding ☐ Defete THLE U00000423956 TITLE NAME SHEPARD, CONNIE M MAME 02/18/06-80031-008 158.75 STREET ADDRESS STREET ADDRESS 1608 RACIMO DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 Change □ MANU ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-\$1-219 CHY-ST-ZIP ☐ Change □ Merr TITLE ☐ Delete muNAME NAME STREET ADDRESS STRUET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change **13** Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Change The second 3112 F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZR

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that rhy signature shall have the same legal effect as if made under oath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered. 941-379-0311

M. Shepard CONNIE M. SHEPARD