



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90165 009 ***150.00

DOCUMENT # P97000033844					
1. Entity Name ELIZABETH B. SHEPHERD, P.A.					
Principal Place of Business 140 MORNING GLORY DR. LAKE MARY, FL 32746-6186			Mailing Address 140 MORNING GLORY DR. LAKE MARY, FL 32746-6186		
2. Principal Place of Business 126 Glendale Drive Suite, Apt. #, etc.		3. Mailing Address 126 Glendale Drive Suite, Apt. #, etc.			
City & State Longwood, FL Zip: 32750 Country: USA		City & State Longwood, FL Zip: 32750 Country: USA		4. FEI Number 65-6235157	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEPHERD, ELIZABETH B 140 MORNING GLORY DR. LAKE MARY, FL 32746-6186			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: <u>Elizabeth B. Shepherd</u> <i>Elizabeth B. Shepherd, Director</i> 4-2-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SHEPHERD, ELIZABETH B STREET ADDRESS 140 MORNING GLORY DR. CITY-ST-ZIP LAKE MARY, FL 32746-6186	<input type="checkbox"/> Delete		TITLE D NAME Shepherd, Elizabeth B. STREET ADDRESS 126 Glendale Drive CITY-ST-ZIP Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Elizabeth B. Shepherd</u> <i>Elizabeth B. Shepherd</i> 4/2/05 497-4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					