

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 001 ***150.00

DOCUMENT # P97000033844 1. Entity Name ELIZABETH B. SHEPHERD, P.A.					
Principal Place of Business 126 GLENDALE DRIVE LONGWOOD, FL 32750			Mailing Address 126 GLENDALE DRIVE LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 2105 Pebble Beach Blvd		3. Mailing Address 2105 Pebble Beach Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04102007 Chg-P CR2E034 (12/06)	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 65-6235157	
Zip 32826		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32826		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPHERD, ELIZABETH B 126 GLENDALE DRIVE LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Shepherd, Elizabeth B Street Address (P.O. Box Number is Not Acceptable) 2105 Pebble Beach Blvd City Orlando FL Zip Code 32826	
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 Elizabeth B. Shepherd Director 4/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	D SHEPHERD, ELIZABETH B 126 GLENDALE DRIVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shepherd, Elizabeth B. 2105 Pebble Beach Blvd Orlando, FL 32826
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Elizabeth B. Shepherd Director 4/10/07 407-497-497 <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					