


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000033208
 1. Entity Name
 ROBERT SHEPPARD ROOFING SERVICE, INC.



Principal Place of Business 8812 OAKWOOD DRIVE LAKE WALES, FL 33898	Mailing Address 8812 OAKWOOD DRIVE LAKE WALES, FL 33898
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DO NOT WRITE IN THIS SPACE



02162004 No Chg P CR2E034 (10/03)

4. FEI Number 59-3504859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, ROBERT
 8812 OAKWOOD DRIVE
 LAKE WALES, FL 33898

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

DATE: 03/01/04
 03/01/04-80098-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPPARD, ROBERT 8812 OAKWOOD DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, DAVID 8812 OAKWOOD DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, DONNA 8812 OAKWOOD DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert Sheppard Robert Sheppard 2-27-04 863-696-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #