


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000033208**

1. Entity Name  
**ROBERT SHEPPARD ROOFING SERVICE, INC.**



Principal Place of Business      Mailing Address

8812 OAKWOOD DRIVE      8812 OAKWOOD DRIVE  
 LAKE WALES, FL 33898      LAKE WALES, FL 33898



01102006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3504859**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEPPARD, ROBERT  
 8812 OAKWOOD DRIVE  
 LAKE WALES, FL 33898

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

U00000386233  
 01/18/06-80051-004 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Sheppard      Date: 1-11-06      Daytime Phone #: 863-696-3367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #