


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 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**



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3504859</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000659492  
 03/15/07-80032-019 150.00

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 another like empowered.

SIGNATURE: Robert Sheppard **3-5-2007** 843-696-3363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #