

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000033208

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8812 OAKWOOD DRIVE  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

8812 OAKWOOD DRIVE  
LAKE WALES, FL 33898

**New Mailing Address:**

**FEI Number:** 59-3504859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPPARD, ROBERT  
8812 OAKWOOD DRIVE  
LAKE WALES, FL 33898 US

**Name and Address of New Registered Agent:**

SHEPPARD, ROBERT J  
8812 OAKWOOD DRIVE  
LAKE WALES, FL 33898 US

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.

**SIGNATURE:** ROBERT J. SHEPPARD

03/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHEPPARD, ROBERT  
**Address:** 8812 OAKWOOD DRIVE  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** D  
**Name:** SHEPPARD, DAVID  
**Address:** 8812 OAKWOOD DRIVE  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** D  
**Name:** RICHARDS, DONNA  
**Address:** 8812 OAKWOOD DRIVE  
**City-St-Zip:** LAKE WALES, FL 33898

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT J. SHEPPARD

PD

03/06/2011

Electronic Signature of Signing Officer or Director

Date