


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000002289 1. Entity Name SHEPHERD FAMILY HOLDINGS, INC.	
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Principal Place of Business 7135 WOOD CREEK DRIVE SARASOTA, FL 34231	Mailing Address 7135 WOOD CREEK DRIVE SARASOTA, FL 34231
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04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0886510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, ALICE C 7135 WOOD CREEK DRIVE SARASOTA, FL 34231

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ALICE C 7135 WOOD CREEK DRIVE SARASOTA, FL 34231
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05/10/07-80076-016 150.00

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

SIGNATURE: **X** *ASmith* **ALICE Smith** **X4/24/07** **941-922-4195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #