

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011177

FILED
Jan 06, 2008
Secretary of State

Entity Name: SHEPPARD & SHEPPARD, P.A.

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 204
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 204
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 204A
ST. AUGUSTINE, FL 320803111

New Mailing Address:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 204A
ST. AUGUSTINE, FL 320803111

FEI Number: 59-3562158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, SEAN P
1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 204
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

SHEPPARD, SEAN P
1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 204A
SAINT AUGUSTINE, FL 320803111 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: SEAN P. SHEPPARD

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SHEPPARD, SEAN P
Address: 1301 PLANTATION ISLAND DR., SOUTH, STE 204
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VSD () Delete
Name: SHEPPARD, HOLLY
Address: 1301 PLANTATION ISLAND DR., SOUTH, STE 204
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SHEPPARD, SEAN P
Address: 1301 PLANTATION ISLAND DR., SOUTH, # 204A
City-St-Zip: SAINT AUGUSTINE, FL 320803111

Title: VSD (X) Change () Addition
Name: SHEPPARD, HOLLY
Address: 1301 PLANTATION ISLAND DR., SOUTH, # 204A
City-St-Zip: SAINT AUGUSTINE, FL 320803111

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SEAN P. SHEPPARD

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01/06/2008

Electronic Signature of Signing Officer or Director

Date