

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P99000090971**

**1. Entity Name**

**STICK & SHEPARD, INC.**



**Principal Place of Business**

**6031 CORAL RIDGE  
HOUSTON TX 77069**

**Mailing Address**

**6031 CORAL RIDGE  
HOUSTON TX 77069**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

**4. FEI Number**

**58-2507049**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEPRELL, SAMUEL L  
SUITE 201, ST. MARK'S PLACE  
1930 SAN MARCO BLVD.  
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STICK, CONNIE L	
STREET ADDRESS	6031 CORAL RIDGE RD	
CITY- ST- ZIP	HOUSTON TX 77069	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHEPARD, ROSE M	
STREET ADDRESS	18 STRTAIGHT FARM RD.	
CITY- ST- ZIP	PHOENIX MD 21131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STICK, LARRY G	
STREET ADDRESS	6031 CORAL RIDGE RD	
CITY- ST- ZIP	HOUSTON TX 77069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHEPARD, DONALD	
STREET ADDRESS	18 STARLIGHT FARM RD	
CITY- ST- ZIP	PHOENIX MD 21131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**U00000205457  
01/31/05-80045-010 150.00**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LARRY G. STICK 1/25/05 281-397-0838**

Date

Daytime Phone #