Apr 18 05 11:32a David Strong

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Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90282 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111355

1. Entity Name
MARTY SHEPHARD CARPET INC

20041857

Principal Place of Business	Mailing Address
1040 GREEN ACRES CIR S. DAYTONA BEACH, FL 32119	1040 GREEB ACRES CIR S. DAYTONA BEACH, FL 32119

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		181 Seminole Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Dunlap, TN	
Zip	Country	Zip: 37327	Country: US

4. FEI Number: 59-3615655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPARD, MARTIN G
1040 GREEN ACRES CIR S.
DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent

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 signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPP SHEPARD, MARTIN 1040 GREEN ACRES CIR S. DAYTONA BEACH, FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHEPARD, KATHLEEN 1040 GREEN ACRES CIR S. DAYTONA BEACH, FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Martin G Shepard Martin G. Shepard 4.19.05 423-949-9559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #