

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90013 028 ***150.00

DOCUMENT # S08790



1. Entity Name

SHEPHERD WHOLESALE, INC.

Principal Place of Business

1412 ROYAL GROVE LANE
PORT ORANGE FL 32129

Mailing Address

1412 ROYAL GROVE LANE
PORT ORANGE FL 32129



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

~~65 Wye DR.~~ 65 Wye DR.

3. Mailing Address

Charles Shepherd

Suite, Apt. #, etc.

65 Wye DR.

1st MOORE

CR2E034 (10/06)

City & State

ORMOND Bch FL

City & State

ORMOND Bch FL

4. FEI Number

59-3031950

Applied For

Not Applicable

Zip

32176

Country

U.S.

Zip

32176

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHEPHERD, CHARLES E.
1412 ROYAL GROVE LANE
PORT ORANGE FL 32129

**CHARLES E. SHEPHERD
65 WYE DR.
ORMOND BCH., FL 32176**

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 *Charles E. Shepherd* *Charles E. Shepherd*

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: DP ☐ Delete
NAME: SHEPHERD, CHARLES E.
STREET ADDRESS: 1412 ROYAL GROVE LANE
CITY, ST, ZIP: PORT ORANGE FL 32129

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles E. Shepherd* *Charles E. Shepherd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

386.672.0756

Daytime Phone #