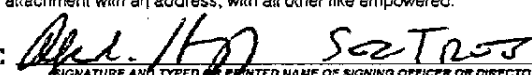


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 452873		
1. Entity Name SHOOK ASSOCIATES CORP. OF FLORIDA		
Principal Place of Business 6711 N HIMES AVE TAMPA, FL 33614		Mailing Address PO BOX 151377 TAMPA, FL 33684
DO NOT WRITE IN THIS SPACE		
		01102006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1535390		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TURNER, JAMES H 2113 W KYRA DR TAMPA, FL 33612		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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, JAMES H 2113 W KYRA DR TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMEROFF, ALVIN L. 14223 CYPRESS CIR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, BONNIE 2113 W KYRA DR TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  S2T205		Date 1-23-2006 Daytime Phone # 813-870 6284