

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000169891

1. Entity Name

Shirley D Nanton Corp.



FILED

07 MAR 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400093713824

03/19/07--01020--004 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4013 Bishop Rd

Suite, Apt. #, etc.

3. Mailing Address

4013 Bishop Rd

Suite, Apt. #, etc.

City & State

Tallahassee FLA

City & State

Tallahassee, FLA

Zip

32305

Country

Leam

Zip

32305

Country

Leam

4. FEI Number

20-2029702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Shirley D Nanton

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

4013 Bishop Rd

Tallahassee FLA

City

FL

Zip Code

32305

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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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO / President
Shirley D Nanton
4013 Bishop Rd
Tallahassee, FLA 32305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Stanley Nanton
4013 Bishop
Tallahassee, FLA

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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K. Ecker MAR 14 2007

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #