

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000169891		
1. Entity Name SHIRLEY D NANTON CORP.		

Principal Place of Business 4013 BISHOP RD TALLAHASSEE, FL 32305	Mailing Address 4013 BISHOP RD TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 APR -8 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent NANTON, SHIRLEY D 4013 BISHOP RD TALLAHASSEE, FL 32305		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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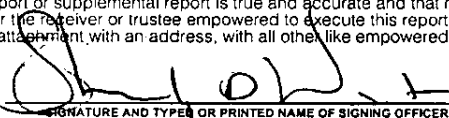
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP NANTON, SHIRLEY D 4013 BISHOP RD TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nanton, Shirley D (P) ☒ Change ☐ Addition 4013 Bishop Rd Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NANTON, SHIRLEY D 4013 BISHOP RD TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nanton Stanley (CEO) ☒ Change ☐ Addition 4013 Bishop Rd Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300122607223 ☐ Change ☐ Addition 04/08/08--01031--022 ***150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition JC 4/8

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:  DATE: 4/8/08 DAYTIME PHONE: _____