

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT #** P05000040572

**1. Entity Name**  
SHADCO OF SOUTHWEST FLORIDA INC

*KATHLEEN KRISKO*



**FILED**

2006 NOV -9 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**

8424 NIGHTHAWK DR      8424 NIGHTHAWK DR  
ENGLEWOOD, FL 34224      ENGLEWOOD, FL 34224

**2. Principal Place of Business**      **3. Mailing Address**

*3690 LAVILLA AVE*      *3690 LAVILLA AVE*

Suite, Apt. #, etc.      Suite, Apt. #, etc.



**REINSTATEMENT** 06

**City & State**      **City & State**

*Northport, Florida*      *North Port Florida*

**Zip**      **Country**      **Zip**      **Country**

*34286*      *USA*      *34286*      *USA*

**4. FEI Number**      **Applied For**

*20-2523461*       Applied For  
 Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BARCO, CARROLL S JR  
1861 PLACIDA RD  
201  
ENGLEWOOD, FL 34223

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD <i>KrisKO</i>	<input type="checkbox"/> Delete
NAME	<del>GOINS, KATHLEEN</del>	
STREET ADDRESS	8424 NIGHTHAWK DR <i>3690 LAVILLA AVE</i>	
CITY - ST - ZIP	ENGLEWOOD, FL 34224 <i>North Port FL 34286</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400081789784	
CITY - ST - ZIP	11/15/06--01015--016    **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Kathleen Krisko*      *10-10-06*      *941-423-4954*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #