

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001328

Entity Name: SHANNON LEFEVRE PA

FILED  
Jan 17, 2008  
Secretary of State

## Current Principal Place of Business:

616 5TH AVE. N.  
NAPLES, FL 34102

## New Principal Place of Business:

## Current Mailing Address:

773 99TH AVENUE N  
NAPLES, FL 34108

## New Mailing Address:

807 SHADOW LAKE LN.  
NAPLES, FL 34108

FEI Number: 20-3403476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFEVRE, SHANNON PA  
773 99TH AVENUE N  
NAPLES, FL FL US

## Name and Address of New Registered Agent:

LEFEVRE, SHANNON PA  
807 SHADOW LAKE LN  
NAPLES, FL FL US

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.

SIGNATURE:

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PA ( ) Delete  
Name: LEFEVRE, SHANNON  
Address: 773 99TH AVENUE N  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PA (X) Change ( ) Addition  
Name: LEFEVRE, SHANNON  
Address: 807 SHADOW LAKE LN.  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON LEFEVRE

MRS.

01/17/2008

Electronic Signature of Signing Officer or Director

Date