2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000067358

1. Entity Name
SHANER'S LAND & SEA MARKET INC.

Principal Place of Business	Mailing Address
2000 PASS-A-GRILLE WAY ST ST PETERSBURG BEACH, FL 33706	2000 PASS-A-GRILLE WAY ST ST PETERSBURG BEACH, FL 33706

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3326718	Not Applicable

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

6. Name and Address of Current Registered Agent

~~HALE, FRED~~
~~5369 PARK BLVD~~
~~PINELLAS PARK, FL 34665-3421~~

Was my old Accountant

*Michael S. Shaner
2000 Pass-a-Grille Way
St Pete Bch Fla 33706*

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 _____*Michael S Shaner*_____ *Michael S Shaner President*
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	PD
NAME	SHANER, MICHAEL S
STREET ADDRESS	2000 PASS-A-GRILLE WAY ST
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
TITLE	VPS
NAME	SHANER, JACQUELYN L
STREET ADDRESS	2000 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
TITLE	T
NAME	SHANER, MICHAEL
STREET ADDRESS	2000 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
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: _____*Michael S Shaner*_____ *Michael S Shaner* 1-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

727-367-4292