2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2006 08:00 AM **DOCUMENT # P96000087557 Secretary of State** 1. Entity Name SHORELINE DELIVERY, INC. Principal Place of Business Mailing Address 2044 GOLFVIEW DRIVE DUNEDIN FL 34698 2044 GOLFVIEW DRIVE **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3407290 Not Applicate Zip Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHASTEEN, EDWIN 2044 GOLFVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** Zip Code 3. 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 access the obligations of registered agent. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable CATE (NOTE: Registered Agent signature required when roustating) FILE NOW!!! FEE IS \$150.00 \$5.00 May C Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADUITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CHASTEEN, EDWIN STREET ADDRESS 2044 GOLFVIEW DRIVE STREET ADDRESS U00000479446 CITY-ST-ZIP **DUNEDIN FL 34698** CITY-SI-ZIP <u>04710708-80004-005, 150.00</u> ☐ Change Delete AAGDI. TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DILE ☐ Defete ☐ Change Matth: MANN NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition TIME NAME NAME STREET ADURCSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Admir TITLE Delete MILE Change NAME MARKE STREET ADDRESS STREET ADDRESS GCCY - ST- 202 CITY-ST-ZIP 7171.8 ☐ Delete HILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CUY-ST-7P CITY-ST-ZIP

FILED

SIGNATURE: Edwin Chasteen FOWIN CHASTEEN 3.22-06 727.733-370

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.