

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091530

FILED
Jan 03, 2007
Secretary of State

Entity Name: SHAFFER BUILDING REPAIR, INC.

Current Principal Place of Business:

980 NINTH STREET
BOCA GRANDE, FL 339210292

New Principal Place of Business:

980 NINTH STREET
BOCA GRANDE, FL 33921

Current Mailing Address:

POST OFFICE BOX 292
BOCA GRANDE, FL 33921

New Mailing Address:

POST OFFICE BOX 292
BOCA GRANDE, FL 339210292

FEI Number: 65-0706985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, THOMAS P
980 NINTH STREET
BOCA GRANDE, FL 339210292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: SHAFFER, THOMAS P
Address: 980 9TH ST
City-St-Zip: BOCA GRANDE, FL 33921

Title: ST () Delete
Name: SHAFFER, SUSAN K
Address: 980 9TH ST
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN K. SHAFFER

ST

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date