


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P99000014765
 1. Entity Name
SHAHER DEVELOPMENT CORPORATION




FILED
 06 NOV -2 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 12730 C.R. 561, CLERMONT, FL 34711
 Mailing Address: 380 WEST ALFRED STREET, C/O WILLIAMS, SMITH & SUMMERS, P.A., TAVARES, FL 32778

2. Principal Place of Business: 406 Lakeshore Drive
 Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Eustis, Florida
 City & State:

Zip: 32726 Country: USA
 Zip: Country:



10202006 Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3566189 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUMMERS, GARY L
 380 WEST ALFRED ST
 TAVARES, FL 32778

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Amended AR is \$61.25
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DVT NAME: SHAHER, STEPHEN R STREET ADDRESS: 12730 C.R. 561 CITY-ST-ZIP: CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE: PSD NAME: SHAHER, STEPHEN A STREET ADDRESS: 1406 LAKESHORE DRIVE CITY-ST-ZIP: EUSTIS, FL 32726	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PSD NAME: Shafer, Stephen A. STREET ADDRESS: 406 Lakeshore Drive CITY-ST-ZIP: Eustis, Florida 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Stephen A. Shafer Date: 10-31-06 Daviume Phone # _____