

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000073 1. Entity Name SHADOWLINE SALES, INC.	
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Principal Place of Business ST. AUGUSTINE OUTLET CENTER STORE 307-B 2700 ST RD. 16 ST. AUGUSTINE, FL 32095	Mailing Address 550 LENOIR RD. MORGANTON, NC 28655
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1946959	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, CINDY
ST. AUGUSTINE OUTLET CENTER
STORE #307-B 2700 STATE RD. 16
ST. AUGUSTINE, FL 32095

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALSBURY, SHERROD III 550 LENOIR RD. MORGANTON, NC 28655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, CHARLES W 550 LENOIR RD. MORGANTON, NC 28655
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02/28/05-80036-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles W Myers Charles W Myers 2-24-05 828-437-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #