


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90006 002 ***150.00

DOCUMENT # F98000000073	
1. Entity Name SHADOWLINE SALES, INC.	

Principal Place of Business ST. AUGUSTINE OUTLET CENTER STORE 307-B 2700 ST RD. 16 ST. AUGUSTINE FL 32085	Mailing Address 550 LENOIR RD. MORGANTON NC 28655
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2. Principal Place of Business Belz Factory Outlet World Suite, Apt. #, etc. 500 Belz Outlet Blvd, Store 035	3. Mailing Address Suite, Apt. #, etc. 550 Lenoir Rd
City & State St Augustine, FL	City & State Morganton, NC
Zip 32084 Country USA	Zip 28655 Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 56-1946959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 32085 <i>We moved locations.</i>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Belz Factory Outlet World 500 Belz Outlet Blvd, Store 035 City St Augustine FL Zip Code 32084	

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALSBURY, SHERROD III 550 LENOIR RD. MORGANTON NC 28655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, CHARLES W 550 LENOIR RD. MORGANTON NC 28655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.

SIGNATURE: *Charles W Myers* **Charles W Myers** *3/17/06* *823 433-3821*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #