

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 035 ***150.00

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1. Entity Name
SHIELD ENGINEERING, INC.



Principal Place of Business
4301 TAGGART CREEK ROAD
CHARLOTTE, NC 28208

Mailing Address
4301 TAGGART CREEK ROAD
CHARLOTTE, NC 28208

20007666



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0673937	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKS, JOHN I JR
21875 S.W. 212 AVENUE
MIAMI, FL 33170-1006

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	HAGER, HAMPTON C JR.
STREET ADDRESS	880 A1A BEACH BLVD., UNIT 6107
CITY-STATE-ZIP	ST AUGUSTINE, FL 32080

TITLE	DP
NAME	SMITH, JIM
STREET ADDRESS	5011 LINDSTRON DR.
CITY-STATE-ZIP	CHARLOTTE, NC 28226

TITLE	D
NAME	FROST, MIKE
STREET ADDRESS	406 HANES RIDGE ROAD
CITY-STATE-ZIP	MOORESBORO, NC 28114

TITLE	D
NAME	LUTZ, JACK
STREET ADDRESS	827 EAST MAIN ST.
CITY-STATE-ZIP	FOREST CITY, NC 28043

TITLE	VP
NAME	ICENHOUR, GREG
STREET ADDRESS	1511 SWEETGUM LANE
CITY-STATE-ZIP	MATTHEWS, NC 28105

TITLE	T
NAME	HAGER, HAMPTON C III
STREET ADDRESS	15823 KELLY PARK CIRCLE
CITY-STATE-ZIP	HUNTERSVILLE, NC 28078

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hampton C. Hager **Hampton C. Hager**

Date

2/27/07

Daytime Phone #

(704) 394-6913