

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90365 003 ***150.00

DOCUMENT # F98000000073 1. Entity Name SHADOWLINE SALES, INC.			
Principal Place of Business BELZ FACTORY OUTLET WORLD 500 BELZ OUTLET BLVD, STE 85 SAINT AUGUSTINE, FL 32084		Mailing Address 550 LENOIR RD MORGANTON, NC 28655	
2. Principal Place of Business - No P.O. Box # Prime Outlets Mall Suite, Apt. #, etc. 500 Prime Outlets Blvd, Suite # 085 City & State St Augustine, FL Zip 32084		3. Mailing Address 550 Lenoir Rd Suite, Apt. #, etc. City & State Morganton, NC Zip 28655	
Country USA		Country USA	
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 BELZ FACTORY OUTLET WORLD 500 BELZ OUTLET BLVD, STE 85 SAINT AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Linda Singleton Street Address (P.O. Box Number is Not Acceptable) Prime Outlets Mall 500 Prime Outlets Blvd, Suite # 085 City St. Augustine	
State 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 <u>Linda Singleton</u> <u>Linda Singleton</u> <u>4-24-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALSBUURY, SHERROD III 550 LENOIR RD. MORGANTON, NC 28655	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, CHARLES W 550 LENOIR RD. MORGANTON, NC 28655	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: <u>Charles W Myers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-17-08</u> Daytime Phone # <u>828 437-3821</u>	