

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000001328

**Entity Name:** SHANNON LEFEVRE PA

**Current Principal Place of Business:**

807 SHADOW LAKE LN.  
NAPLES, FL 34108

**Current Mailing Address:**

807 SHADOW LAKE LN.  
NAPLES, FL 34108

**FEI Number:** 20-3403476

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEFEVRE, SHANNON PA  
807 SHADOW LAKE LN  
NAPLES, FL 34108 US

*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.*

**SIGNATURE:** SHANNON LEFEVRE, PA

01/25/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PA  
Name LEFEVRE, SHANNON  
Address 807 SHADOW LAKE LN.  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANNON LEFEVRE, PA

**PRESIDENT**

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date