

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 214438

FILED
Feb 21, 2008
Secretary of State

Entity Name: SHOEMAKER CONSTRUCTION CO., INC.

Current Principal Place of Business:

214 HICKMAN DR.
100
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1885
SANFORD, FL 327721885 US

New Mailing Address:

FEI Number: 59-0840269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAKER, ALAN DEAN
214 HICKMAN DR.
100
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SHOEMAKER, SOPHIA M.,
Address: 300 IDYLLWILDE DR
City-St-Zip: SANFORD, FL 32771 US

Title: DS () Delete
Name: MANN, PATRICIA A.,
Address: 104 TEMPLE DR.
City-St-Zip: SANFORD, FL 32771 US

Title: PD () Delete
Name: SHOEMAKER, ALAN D.,
Address: 128 WOOD RIDGE TR
City-St-Zip: SANFORD, FL 32771 US

Title: VP () Delete
Name: BRUMLEY JR, WILLIAM S
Address: 3371 WHITNER WAY
City-St-Zip: SANFORD, FL 32771 US

Title: EV (X) Delete
Name: HANES, TAMMY S
Address: 124 WOODRIDGE TRAIL
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HANES, TAMMY S
Address: 124 WOOD RIDGE TRAIL
City-St-Zip: SANFORD, FL 32771 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN DEAN SHOEMAKER

PD

02/21/2008

Electronic Signature of Signing Officer or Director

Date