

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 413112

FILED
Mar 02, 2006
Secretary of State

Entity Name: SHORE LINE DEVELOPERS OF FLORIDA, INC

Current Principal Place of Business:

1610 BARRANCAS AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

40 SOUTH PALAFOX PLACE
SUITE 500
PENSACOLA, FL 32502

Current Mailing Address:

1610 BARRANCAS AVENUE
PENSACOLA, FL 32501

New Mailing Address:

40 SOUTH PALAFOX PLACE
SUITE 500
PENSACOLA, FL 32502

FEI Number: 59-2757296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERIS, CHARLES S.
1610 BARRANCAS AVENUE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

LIBERIS, CHARLES S.
40 SOUTH PALAFOX PLACE
SUITE 500
PENSACOLA, FL 32502 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: CHARLES S LIBERIS

03/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIBERIS, CHARLES S.,
Address: 1610 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: GLOVER, ROBERT,
Address: 941 SHADOW RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIBERIS, CHARLES S.
Address: 40 SOUTH PALAFOX PL
City-St-Zip: PENSACOLA, FL 32502

Title: VD (X) Change () Addition
Name: GLOVER, ROBERT
Address: 941 SHADOW RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES S LIBERIS

PD

03/02/2006

Electronic Signature of Signing Officer or Director

Date