


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2007-08:00 A
Secretary of State

DOCUMENT # 413112 1. Entity Name SHORE LINE DEVELOPERS OF FLORIDA, INC	
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Principal Place of Business 40 SOUTH PALAFOX PLACE SUITE 500 PENSACOLA, FL 32502	Mailing Address 40 SOUTH PALAFOX PLACE SUITE 500 PENSACOLA, FL 32502
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07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2757296	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 LIBERIS, CHARLES S. 40 SOUTH PALAFOX PLACE SUITE 500 PENSACOLA, FL 32502
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

000000773628
09/07/07-80007-012 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERIS, CHARLES S. 40 SOUTH PALAFOX PL PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLOVER, ROBERT 941 SHADOW RIDGE DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

8-27-07 850-438-9647
Date Daytime Phone #