

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 413518

1. Entity Name
DONALD AND MARY SHUMAN, INC.



Principal Place of Business
14707 TAYLOR RD
SE HILLSBOROUGH CO.
LITHIA, FL 33547

Mailing Address

14707 TAYLOR RD
SE HILLSBOROUGH CO.
LITHIA, FL 33547

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1437634

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUMAN, MARY T.
14707 TAYLOR RD
SE HILLSBOROUGH CO.
LITHIA, FL 33547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

**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

TITLE D
NAME SHUMAN, GERRY F
STREET ADDRESS POST OFFICE BOX 700381
CITY-ST-ZIP ST. CLOUD, FL 34770

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE STD
NAME SHUMAN, MARY T
STREET ADDRESS 14707 TAYLOR RD
CITY-ST-ZIP LITHIA, FL 33547

Delete

TITLE PD
NAME SHUMAN, DAVID B
STREET ADDRESS 3425 CRESTWOOD STREET
CITY-ST-ZIP LAKELAND, FL 33813

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

1-10-08

Date

Daytime Phone #

**FILED
Jan 14, 2008 8:00 am
Secretary of State**

01-14-2008 90083 025 ***150.00

