

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 420654

1. Entity Name
SHORE'S, INC.



Principal Place of Business
**201-3 BROADWAY
KISSIMMEE, FL 32741**

Mailing Address
**201-3 BROADWAY
KISSIMMEE, FL 32741**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1440201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHORE, HELEN W.
201-3 BROADWAY
KISSIMMEE, FL 32741**

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS
NAME CROSS, HELEN S.
STREET ADDRESS 502 MABBETTE ST.
CITY-ST-ZIP KISSIMMEE FL.

TITLE P
NAME SHORE, HELEN W.
STREET ADDRESS 720 CANTERBURY LANE
CITY-ST-ZIP KISSIMMEE FL.

TITLE AS
NAME BOWMAN, ELIZABETH
STREET ADDRESS 2610 CIMARRON
CITY-ST-ZIP JOHNSON CITY, TN

TITLE T
NAME FARMER, PAULA J
STREET ADDRESS 1009 NINTH COURT
CITY-ST-ZIP PLEASANT GROVE, AL

TITLE AVP
NAME CROSS, GEORGE A
STREET ADDRESS 502 MABBETTE ST.
CITY-ST-ZIP KISSIMMEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000696223
04/17/07-80092-013 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

Helen S. Cross 1-8-07

407-846-6922