

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
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**



03152008 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 reinstating)

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	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	2810 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	

**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: *Helen Susan Cross*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-08 *407-846-6922*