

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 452904

FILED
Mar 06, 2009
Secretary of State

Entity Name: GEORGE A. SHIMP II AND ASSOCIATES, INC.

Current Principal Place of Business:

3301 DESOTO BLVD
D
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

3301 DESOTO BLVD
D
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-1531595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIMP, GEORGE A II
810 WAI LANI RD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIMP, GEORGE A II,
Address: 810 WAI LANI RD
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: SHIMP, GEORGE A III,
Address: 812 WAI LANI RD
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: RUTH, DWAYNE A
Address: 733 N. DISSTON AV
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S/T () Delete
Name: SHIMP, HEIDI
Address: 810 WAI LANI RD
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: SHIMP, GREGORY A
Address: 7234 SHARPSBURG BLVD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SHIMP, HEIDI
Address: 810 WAI LANI RD
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: SHIMP, ROBBIN L
Address: 812 WAI LANI ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information supplied with this filing does not qualify 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: ROBBIN L. SHIMP

T

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date