

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 666685

FILED
Aug 22, 2007
Secretary of State**Entity Name:** SHINE AND COMPANY, INC.**Current Principal Place of Business:**25613 W. US HWY 27
HIGH SPRINGS, FL 32643 US**New Principal Place of Business:**25687 W. US HWY 27
HIGH SPRINGS, FL 32643 US**Current Mailing Address:**25613 W. US HWY 27
HIGH SPRINGS, FL 32643 US**New Mailing Address:**25687 W. US HWY 27
HIGH SPRINGS, FL 32643 US**FEI Number:** 59-2066828**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHINE, GARY
1415 SW CR 138
FT. WHITE, FL 32038 US**Name and Address of New Registered Agent:**SHINE, GARY L
1415 SW CR 138
FT. WHITE, FL 32038 US

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: GARY L. SHINE

08/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHINE, GARY LEE,
Address: 1415 SW CR 138
City-St-Zip: FORT WHITE, FL 32038

Title: VDST () Delete
Name: SHINE, GARY J
Address: 4608 NW 42ND STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: SHINE, MATTHEW S
Address: 1441 SW CR 138
City-St-Zip: FORT WHITE, FL 32038

Title: VD () Delete
Name: SHINE, DAVID M
Address: 312 SW UNITY CT
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHINE, GARY L
Address: 1415 SW CR 138
City-St-Zip: FORT WHITE, FL 32038 US

Title: VST (X) Change () Addition
Name: SHINE, GARY J
Address: 4608 NW 42ND STREET
City-St-Zip: GAINESVILLE, FL 32606 US

Title: V (X) Change () Addition
Name: SHINE, MATTHEW S
Address: 1441 SW CR 138
City-St-Zip: FORT WHITE, FL 32038 US

Title: V (X) Change () Addition
Name: SHINE, DAVID M
Address: 312 SW UNITY CT
City-St-Zip: FORT WHITE, FL 32038 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: GARY L. SHINE

P

08/22/2007

Electronic Signature of Signing Officer or Director

Date