


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90089 038 \*\*\*150.00

<b>DOCUMENT #694433</b>		
1. Entity Name SHORE LINE STRUCTURES, INC.		

Principal Place of Business 6057 COCOS DR FT MYERS, FL 33908 US	Mailing Address 6057 COCOS DR FT MYERS, FL 33908 US
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2. Principal Place of Business - No P.O. Box # 6078 Waterway Bay Dr.	3. Mailing Address 6078 Waterway Bay Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers FL.	City & State Ft. Myers, FL.
Zip 33908	Zip 33908
Country USA	Country USA



01262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  DELISLE, JOYCE WRIGHT 6057 COCOS DR. FT. MYERS, FL 33908	
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4. FEI Number 59-2111070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <i>Joyce W. Delisle</i> DATE: 1/26/07 <small>Signature of Principal, officer, registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELISLE, JOYCE WRIGHT 6057 COCOS DR FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6078 Waterway Bay Dr. Ft. Myers, FL. 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELISLE, ANTHONY A 6057 COCOS DR FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6078 Waterway Bay Dr. Ft. Myers, FL. 33908
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Joyce W. Delisle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/26/07 239-482-6805 <small>Date Daytime Phone #</small>