

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734591

FILED
Apr 14, 2009
Secretary of State

Entity Name: PAGES OF SHUSTAH, INC.

Current Principal Place of Business:

901-17 AVENUE N E
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

901-17 AVENUE N E
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 23-7377468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZEMKE, LEROY E
901 17TH AVE NE
ST PETERSBURG, FL 33704 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZEMKE, LEROY E
Address: 901 17TH AVE NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: TD () Delete
Name: NEUBERGER, MARIE
Address: 4444 5TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: SD () Delete
Name: PRESSLY, BETTY W
Address: 4602 IMPERIAL PALM CT
City-St-Zip: LARGO, FL 33771

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY E. ZEMKE

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date