

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90034 042 ***150.00

DOCUMENT # F02000003259

1. Entity Name

SHIRMIK ENTERPRISES LTD. INC.



Principal Place of Business

3511 WEDGEWOOD LANE #110
LADY LAKE FL 32162
US

Mailing Address

3511 WEDGEWOOD LANE #110
LADY LAKE FL 32162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2096139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, SHIRLEY A
11852 PRINCESS GRACE COURT
CAPE CORAL FL 33991

Name

SHIRLEY A. JONES-VON QUALEN

Street Address (P.O. Box Number is Not Acceptable)

5946 SPINNAKER LOOP

City

LADY LAKE

FL

Zip Code

32159

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

Shirley A. Jones-Von Qualen
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

PVST 11-18-05 + AGAIN 2-2-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME JONES, SHIRLEY A
STREET ADDRESS 5946 SPINNAKER LOOP
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-02-06 (352) 259-6992