

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90204 031 \*\*\*158.75

**DOCUMENT # F05000000920**

1. Entity Name  
**SHANK SERVICES, INC.**



Principal Place of Business  
**200 W CYPRESS CRK RD  
STE 400  
FORT LAUDERDALE, FL 33309-2175**

Mailing Address  
**200 W CYPRESS CRK RD  
STE 400  
FORT LAUDERDALE, FL 33309-2175**

**20008844**



04102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-2096974**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CP	<input type="checkbox"/> Delete
NAME	GATHRIGHT, RICHARD E	
STREET ADDRESS	200 W CYPRESS CRK RD, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092175	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICOW, ROBERT S	
STREET ADDRESS	200 W CYPRESS CRK RD, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092175	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SHORE, MICHAEL S	
STREET ADDRESS	200 W CYPRESS CRK RD, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092175	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY G	
STREET ADDRESS	200 W CYPRESS CRK RD, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092175	
TITLE	V	<input type="checkbox"/> Delete
NAME	VINGER, PAUL C	
STREET ADDRESS	200 W CYPRESS CRK RD, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092175	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SKIDMORE, STEPHEN M	
STREET ADDRESS	200 W CYPRESS CRK RD, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092175	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT W. BEARD	
STREET ADDRESS	200 W CYPRESS CREEK RD, SUITE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309-2175	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY E. SHAW	
STREET ADDRESS	200 W. CYPRESS CREEK RD, SUITE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309-2175	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE WAYNE WETZEL	
STREET ADDRESS	9617 WALLISVILLE RD	
CITY-ST-ZIP	HOUSTON, TX 77013	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT X. CREASMAN	
STREET ADDRESS	200 W. CYPRESS CREEK RD, SUITE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309-2175	

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:**

**MICHAEL S. SHORE**  
**Chief Financial Officer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #