


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000002975 1. Entity Name SHAG OF MISSISSIPPI, INC.	
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Principal Place of Business 40 DEEP SOUTH LN PURVIS, MS 39475	Mailing Address P O BOX 1358 PURVIS, MS 37475
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05122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0879831	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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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 *Reagan D. Hendrix*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/12/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOWS, ROBIN G P O BOX 1726 PURVIS, MS 37476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, ROBERT J P O BOX 1207 PURVIS, MS 39475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDRIX, WILLIAM D 654 BAKER RD PURVIS, MS 39475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOWS, ALFRED T P O BOX 1726 PURVIS, MS 39475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENDRIX, REAGAN 654 BAKER RD PURVIS, MS 39475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/08-80031-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Reagan D. Hendrix*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/08 *601-794-2253*
Date Daytime Phone #