## 2008 FOR PROFIT CORPORATION

## FILED Mar 24, 2008 08:00 A **ANNUAL REPORT Secretary of State DOCUMENT # F41787** 1. Entity Name EWING AND SHIRLEY, INC. Mailing Address Principal Place of Business 5313-10TH AVENUE N 5313-10TH AVENUE N GREENACRES, FL 33463 US GREENACRES, FL 33463 03122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2123120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EWING, KENT W., JR DO NOT WRITE **5313 10TH AVENUE N** GREENACRES, FL 33463 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U0000000691111 04/03/08-80032-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE EWING, KENT W. J NAME STREET ADDRESS **5313 10TH AVENUE N** CITY-ST-ZIP GREENACRES, FL 33463 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP -TOLE NAME

12. I hereby certify that the information supplied with his filing coes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental lepont 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 truster of bowered 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 accurate and other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNING OFFICER OR DIRECTOR