2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F64522

Entity Name
SHEMARTONE, INC.

Principal Place of Business
2 N TAMIAMI TRL
SUITE 408
SARASOTA, FL 34236 US

Mailing Address
2 N TAMIAMI TRL
SUITE 408
SARASOTA, FL 34236 US

01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2148960
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTIROME, ANTHONY D
2 N TAMIAMI TRL
SUITE 408
SARASOTA, FL 34236

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOLLOM, ANTHONY JOHN
STREET ADDRESS	4610 RUNABOUT WAY
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	VPD
NAME	ROWBOTHAM, SHEILA
STREET ADDRESS	2 N TAMIAMI TRL, SUITE 408
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	BOLLOM, MARTIN PATRICK
STREET ADDRESS	5 WHITECROFT RD
CITY-ST-ZIP	BECKHAM, KE BR3 3
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80044-016 150.00

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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: _____ 01/17/2006 941 955-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ANTHONY JOHN BOLLOM
DIRECTOR PRESIDENT