



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 018 ***150.00

DOCUMENT # F66821 1. Entity Name THE SHADE SHOP, INC.					
Principal Place of Business % WILLIAM G LENZ 879-17TH ST. 9055 AMERICANA RD #19 VERO BEACH, FL 32960 VERO BEACH, FL 32966				Mailing Address % WILLIAM G LENZ 879-17TH ST. 9055 AMERICANA RD #19 VERO BEACH, FL 32960 VERO BEACH, FL 32966	
2. Principal Place of Business - No P.O. Box # 9055 AMERICANA RD. Suite, Apt. #, etc. #19		3. Mailing Address 9055 AMERICANA RD Suite, Apt. #, etc. #19			
City & State VERO BEACH FL		City & State VERO BEACH FL		4. FEI Number 59-2178278	
Zip 32966		Country INDIAN RIVER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENZ, WILLIAM G 879-17TH ST. 9055 AMERICANA RD #19 VERO BEACH, FL 32960 VERO BEACH, FL 32966				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 <u>William G Lenz</u> DATE <u>3/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LENZ, WILLIAM G STREET ADDRESS 879-17TH ST. CITY-ST-ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE 9055 AMERICANA RD #19 NAME VERO BEACH, FL 32966 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>William G Lenz</u> DATE <u>3/28/08</u> 772-562-1429 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					