

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000006453					
1. Entity Name SHIRWIN INC.					
Principal Place of Business 3050 CR 84 NAPLES, FL 34114 US			Mailing Address PO BOX 771059 NAPLES, FL 34107-1059 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0721498				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKUFCA, EDWIN C 10684 GULFSHORE DR. N. B302 NAPLES, FL 34108			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SKUFCA, EDWIN C 30449 SHAKER BLVD. PEPPER PIKE, OH 44124		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐ 1100000544164 05/11/06-80024-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SKUFCA, SHIRLEY A 30449 SHAKER BLVD. PEPPER PIKE, OH 44124		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ 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 an other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/21/06 Daytime Phone #: 239 591 2394		

*check # 1895
April 27, 06
\$150.00*



01162006 Chg-P CR2E034 (11/05)