

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006453

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** SHIRWIN INC.

**Current Principal Place of Business:**

3050 CR 84  
NAPLES, FL 34114 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771059  
NAPLES, FL 341071059 US

**New Mailing Address:**

**FEI Number:** 65-0721498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKUFCA, EDWIN C  
10684 GULFSHORE DR. N. B302  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** SKUFCA, EDWIN C  
**Address:** 10684 GULFSHORE DR B302  
**City-St-Zip:** NAPLES, FL 34108

**Title:** DST  
**Name:** SKUFCA, SHIRLEY A  
**Address:** 10684 GULFSHORE DR B302  
**City-St-Zip:** NAPLES, FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SHIRLEY SKUFCA

D

02/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date