

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000005249

1. Entity Name
7950 SHOALS, INC.



Principal Place of Business
**11766 WILSHIRE BLVD., STE. 1270
LOS ANGELES, CA 90025**

Mailing Address
**11766 WILSHIRE BLVD., STE. 1270
LOS ANGELES, CA 90025**



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4654488** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **LIPPMAN, JAMES M**
STREET ADDRESS **11766 WILSHIRE BLVD., STE. 1270**
CITY-ST-ZIP **LOS ANGELES, CA 90025**

TITLE **S**
NAME **MCKEE, JOHN S**
STREET ADDRESS **11766 WILSHIRE BLVD., STE. 1270**
CITY-ST-ZIP **LOS ANGELES, CA 90025**

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07/21/04-80002-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/06/04
Date

310-268-8344
Daytime Phone #