



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # G33966 1. Entity Name STEVE GAMBILL - SHORE/FORM SYSTEMS, INC.	
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Principal Place of Business 1306 16 AVE E P. O. BOX 266 PALMETTO, FL 34221 US	Mailing Address P O BOX 266 P. O. BOX 266 PALMETTO, FL 34220 US
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03152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2291751	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAMBILL, STEVE
716 31 AVENUE WESTW
PALMETTO, FL 34221

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
After May 1, 2008 Fee will be \$550.00

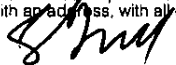
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBILL, STEVE 716 31ST AVE WEST PALMETTO, FL 34221
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04/14/08-80037-022-150.00
DO NOT WRITE
IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08 941-729-6888
Date Daytime Phone #