

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90052 005 ***150.00

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03122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2415894 Applied For Not Applicable

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

DOCUMENT # H03241

1. Entity Name
SHANNON HOMES OF GAINESVILLE, INC.



Principal Place of Business
6250 NW 23RD ST
SUITE 8
GAINESVILLE, FL 32653 US

Mailing Address
6250 NW 23RD ST
SUITE 8
GAINESVILLE, FL 32653 US

2. Principal Place of Business - No P.O. Box #
~~6250 NW 23rd Street~~
Suite, Apt. #, etc.

3. Mailing Address
~~6250 NW 23rd Street~~
Suite, Apt. #, etc.

City & State
Gainesville, Florida
Zip 32653 Country Alachua

City & State
Gainesville, Florida
Zip 32653 Country Alachua

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES
4424 N.W. 13TH ST., SUITE A-1
GAINESVILLE, FL 32609

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 Margaret Rivers, Sec/T DATE 3-20-07
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when transacting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PT
NAME SHANNON, MICHAEL D.
STREET ADDRESS 3921 NW 97TH BLVD
CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Delete

TITLE VPS
NAME SHANNON, CATHY R.
STREET ADDRESS 3921 NW 97TH BLVD
CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Delete

TITLE ST
NAME RIVERS, MARGARET
STREET ADDRESS 8424 NW 6TH AVE.
CITY-ST-ZIP GAINESVILLE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PT
NAME Shannon, Michael D.
STREET ADDRESS 6250 NW 23rd St. - Suite 8
CITY-ST-ZIP Gainesville, Fl, 32653 ☒ Change ☐ Addition

TITLE VPD
NAME Shannon, Cathy R.
STREET ADDRESS 6250 NW 23rd, St. - Suite 8
CITY-ST-ZIP Gainesville, Fl. 32653 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Margaret Rivers Margaret Rivers, Sec/T 3/20/2007 352-332-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #