

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90011 043 ***150.00

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

40029934



DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2415894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SHANNON, MICHAEL D.
STREET ADDRESS	6250 NW 23RD ST SUITE 8
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VPD
NAME	SHANNON, CATHY R.
STREET ADDRESS	6250 NW 23RD ST SUITE 8
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	ST
NAME	RIVERS, MARGARET
STREET ADDRESS	8424 NW 6TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Margaret Rivers - Margaret Quinn, 8/17-21-08 352 332-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

**FOR PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # H03241 <small>1. Entity Name</small> Shannon Homes of Gainesville, Inc	
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DO NOT WRITE IN THIS SPACE

40029932

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box # 6250 NW 23rd St. <small>Suite, Apt. #, etc.</small> Suite 8 <small>City & State</small> Gainesville, FL <small>Zip</small> 32653 <small>Country</small> Alachua	3. Mailing Address 6250 NW 23rd St. <small>Suite, Apt. #, etc.</small> suite 8 <small>City & State</small> Gainesville, FL 32653 <small>Zip</small> 32653 <small>Country</small> Alachua	4. FEI Number 59-2415894 <small>Applied For</small> <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
<small>Name</small> Williams, James	
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 4424 NW 13th St. Suite A-1 Gainesville, FL 32609	
<small>City</small> FL	<small>Zip Code</small>

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small> PT <small>NAME</small> Shannon, Michael D. <small>STREET ADDRESS</small> 6250 NW 23rd St., g'ville, FL 32653 <small>CITY - ST - ZIP</small>	DO NOT WRITE IN THIS SPACE
<small>TITLE</small> VPD <small>NAME</small> Shannon, Cathy R. <small>STREET ADDRESS</small> 6250 NW 23rd St. suite 8 <small>CITY - ST - ZIP</small> Gainesville, FL. 32653	
<small>TITLE</small> ST <small>NAME</small> Margaret Rivers <small>STREET ADDRESS</small> 8424 NW 6th Ave <small>CITY - ST - ZIP</small> Gainesville, FL 32607	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

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SIGNATURE: Margaret Rivers *Margaret Rivers* 7-21-08 352-331-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #