

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H087

1. Entity Name  
SHIRMAC OF FLORIDA, INC.



**FILED**  
**Aug 22, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
DOCK ST.  
PO BOX 688  
CEDAR KEY, FL 32625-0688

Mailing Address  
DOCK ST.  
PO BOX 688  
CEDAR KEY, FL 32625-0688



08072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2324685

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

OSWALD, KENNETH F.  
600 COURTLAND ST  
SUITE 110  
ORLANDO, FL 32804

**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)

U00000958227  
08/22/08-80004-012 150.00

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY- ST- ZIP	PD MCJORDAN, WALTON EAST ST. PINEY POINT CEDAR KEY, F L.,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCJORDAN, BARBARA A. EAST ST. PINEY POINT CEDAR KEY, F L.,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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:**

*Walter M. Jordan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/08

Date

352-543-5836

Daytime Phone #