


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # H22848 1. Entity Name SHADER BROTHERS CORPORATION	
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Principal Place of Business 6327 EDGEWATER DR. ORLANDO, FL 32810	Mailing Address 6327 EDGEWATER DR. ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2746379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, MARC M
6327 EDGEWATER DR
ORLANDO, FL 32810**

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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 **04/16/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/16/08-80040-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE V	NAME SHADER, STANLEY J.
STREET ADDRESS 6327 EDGEWATER DR	CITY-ST-ZIP ORLANDO, FL 32810
TITLE V	NAME SHADER, RONALD J
STREET ADDRESS 6327 EDGEWATER DR	CITY-ST-ZIP ORLANDO, FL 32810
TITLE P	NAME SMITH, MARC M
STREET ADDRESS 6327 EDGEWATER DR	CITY-ST-ZIP ORLANDO, FL 32810
TITLE ST	NAME SMITH, LAURIE S
STREET ADDRESS 6327 EDGEWATER DR	CITY-ST-ZIP ORLANDO, FL 32810
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: X *Stanley J. Shader* **4-3-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #