

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H33216 1. Entity Name SHAPIRO, INC.	
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Principal Place of Business 3121 SE 35TH ST GAINESVILLE, FL 32641	Mailing Address 3121 SE 35TH ST GAINESVILLE, FL 32641
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2481103	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAPIRO, HOWARD 3121 S.E. 35TH STREET GAINESVILLE, FL 32641	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2006 Fee will be \$550.00**

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

000000399132
01/31/06 00027 021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, HOWARD 3121 SE 35TH ST GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMSTHALER, ROBERT P.O. BOX 1227 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, JED 3121 SE 35TH ST GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARBEROW, HOWARD 224 AIRPORT CIR. ARCHER, FL 32618
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: Howard Shapiro, Pres. **Valog** **352-371-0632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #