

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H37963

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** SHUMAN CASH SUPPLY, INC.

**Current Principal Place of Business:**

% VIRGINIA F. SHUMAN  
11675 N. MAIN STREET  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

% VIRGINIA F. SHUMAN  
11675 N. MAIN STREET  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:** 59-2483879      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHUMAN, VIRGINIA F  
550 VERA DRIVE  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHUMAN, VIRGINIA F  
Address: 550 VERA DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: V  
Name: FUTCH, ROGER  
Address: 284 BROWARD RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST  
Name: FUTCH, BRENDA B  
Address: 284 BROWARD RD  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA F. SHUMAN

PRES

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date