

ANNUAL REPORT (AR)

DOCUMENT # H62243

1. Entity Name

EARL SHEAR, INC.



FILED
Jan 21, 2005 08:00 AM
Secretary of State

Principal Place of Business

851 W STATE RD 436
 1017
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

901 SKY LOCH DR SO
 DUNEDIN FL 34698
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2553958

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LOWE, JEANNE A.
 248 SKYLOCH DR W
 DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	LOWE, JEANNE	
STREET ADDRESS	248 SKYLOCH DR W	
CITY- ST- ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHANK, R. J.	
STREET ADDRESS	901 SKYLOCH DR SO.	
CITY- ST- ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000188953
 01/24/05-80074-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

R. J. Shank
 R. J. SHANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 727-734-0597

Date Daytime Phone #