


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90014 015 ***150.00

DOCUMENT # J13954					
1. Entity Name SHILO ENTERPRISES, INC.					
Principal Place of Business 7300 FRONTAGE ROAD MONROE LA 71202			Mailing Address 7300 FRONTAGE ROAD MONROE LA 71202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2949493	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			7. Name and Address of New Registered Agent		
MURATIDES, JOHN SUITE 3300 1 TAMPA CITY CENTER TAMPA FL 33601			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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERSON, ROBERT D.		NAME		
STREET ADDRESS	605 SOUTH LOUISA ST		STREET ADDRESS		
CITY-ST-ZIP	RAYVILLE LA 71269		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, ANNE M		NAME	1109 S. Louisa St	
STREET ADDRESS	605 SOUTH LOUISA ST		STREET ADDRESS	Rayville, LA 71269	
CITY-ST-ZIP	RAYVILLE LA 71269		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Anne M Taylor</i>			Date: 2/7/08 318-343-8608		
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR			Date		

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