

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # J52250

1. Entity Name
SHALIMAR GARDENS OF EUSTIS, INC.



Principal Place of Business

**17325 U.S. HWY 441
MT. DORA, FL 32757 US**

Mailing Address

**17305 U.S. HWY 441
P O BOX 620
EUSTIS, FL 32727-0620 US**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2760376

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAUGHN, CHARLES A III
17325 U.S. HWY 441
MT DORA, FL 32757**

**DO NOT WRITE
IN THIS SPACE**

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
000000914535

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

05/08/08-90061-023 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
VAUGHN, SHERI LYNN
17325 U.S. HWY 441
MT DORA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
VAUGHN, CHARLES A. III
17325 U.S. HWY 441
MT. DORA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
VAUGHN, LESTINA T.
17305 U.S. HWY 441
EUSTIS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 352-357-2093

Date

Business Phone #

CHARLES A. VAUGHN III