2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52250

FILED Jan 28, 2009 Secretary of State

Entity Name: SHALIMAR GARDENS OF EUSTIS, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	i. HWY 441 A, FL 32757	US		
Current Mailing Address:		ess:	New Mailing Address:	
O BOX 6	:. HWY 441 320 :L 327270620) US		
I Number	: 59-2760376	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
7001 II V.	CHARLES A	. 111		
7325 U.Ś T DORA ne above	. HWY 441 , FL 32757	US	purpose of changing its registere	ed office or registered agent, or both,
7325 U.Ś T DORA ne above	i. HWY 441 , FL 32757 e named entity e of Florida. RE:	US		ed office or registered agent, or both, Date
7325 U.Ś T DORA ne above the State GNATUI	i. HWY 441 , FL 32757 e named entity e of Florida. RE: Electro	US submits this statement for the		
7325 U.Ś T DORA ne above the State GNATUI	i. HWY 441 , FL 32757 e named entity e of Florida. RE: Electro	US submits this statement for the point of the point Signature of Registered Agency Trust Fund Contribution ().	ent	
7325 U.Ś T DORA ne above the State GNATUI	e named entity of of Florida. RE: Electro mpaign Financi	US y submits this statement for the poinc Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete ERI LYNN MY 441	ent	Date
7325 U.Ś T DORA ne above the State GNATUI ection Car FFICER: lde: ame: ldress:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE VD (VAUGHN, SHI 17325 U.S. H MT DORA, FL	v submits this statement for the princ Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete ERI LYNN WY 441) Delete ARLES A. III WY 441	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES A VAUGHN III PTD 01/28/2009