

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 030 ***150.00

DOCUMENT # J75442

1. Entity Name

SHOPLEFTERS, INC.



Principal Place of Business

% MARGUERITE S. MEYERS
5227-14TH ST., W.
BRADENTON FL 34207

Mailing Address

P.O. BOX 1438
HOLMES BEACH FL 34218
US



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 **59-2825249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

MEYERS, MARGUERITE S.
5352 GULF DR
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

Name

Same

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

5354 GULF DR

City

Holmes Beach

FL

Zip Code

34217

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

Marguerite S. Meyers

Signature, typed or printed name of registered agent and fee. (Applicable)

(NOTE: Registered Agent signature required when resigning)

3/13/08

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	MEYERS, MARGUERITE S.	
STREET ADDRESS	P.O. BOX 1438	
CITY - ST - ZIP	HOLMES BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Marguerite S. Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08 941-779-1119

Date

Daytime Phone #