


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K05902 1. Entity Name R. & I. SHORE ASSOCS., INC. |  |
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|---|---|
| Principal Place of Business 1800 EMBASSY DR. UNIT 132 W PALM BEACH FL 33401 | Mailing Address 1800 EMBASSY DR. UNIT 132 W PALM BEACH FL 33401 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0015262** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMMONS & ASSOCIATES
14105 S.W. 82AVE.
MIAMI FL 33158**

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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | P SHORE, IRA 1800 EMBASSY DRIVE UNIT # 132 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000452182 03/11/06-80016-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHORE, RITA 1800 EMBASSY DRIVE UNIT # 132 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: IRA SHORE IRA SHORE 2-22-06 (970) 920-7735