

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90002 005 ***150.00

DOCUMENT # K67067

1. Entity Name
SHONGALOO FISHERIES, INC.



Principal Place of Business

19603 US 301
WALDO, FL 32694 US

Mailing Address

19603 US 301
WALDO, FL 32694 US

40120779



DO NOT WRITE IN THIS SPACE

05212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3070776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIREMAN, JOEL R
19603 NE US 301
WALDO, FL 32694

**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]

5-28-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOEL R SHIREMAN
STREET ADDRESS 19603 NE US 301
CITY-ST-ZIP WALDO, FL 32694

TITLE VP
NAME ALVIN T SHIREMAN
STREET ADDRESS 19603 NE US 301
CITY-ST-ZIP WALDO, FL 32694

TITLE Director
NAME Rachel B. Shireman
STREET ADDRESS 19603 NE US 301
CITY-ST-ZIP Waldo, FL 32694

TITLE Director
NAME Jerome V. Shireman
STREET ADDRESS 19603 NE US 301
CITY-ST-ZIP Waldo, FL 32694

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:

Joel Shireman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-07

Date

352 468-1251

Daytime Phone #