

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97584

FILED
Feb 15, 2009
Secretary of State

Entity Name: SHANNON FAMILY PROPERTIES, INC.

Current Principal Place of Business:

500 MENDON RD
UNIT 280
ATTLEBORO, MA 02703 US

New Principal Place of Business:

Current Mailing Address:

500 MENDON RD
UNIT 280
ATTLEBORO, MA 02703 US

New Mailing Address:

FEI Number: 59-2956315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, THOMAS L
1428 BRICKELL AVE
8TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHANNON, JOHN F
Address: 500 MENDON RD UNIT # 280
City-St-Zip: ATTLEBORO, MA 02703 US

Title: T () Delete
Name: SWIFT-SHANNON, KAREN
Address: 500 MENDON RD UNIT # 280
City-St-Zip: ATTLEBORO, MA 02703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN F. SHANNON

P

02/15/2009

Electronic Signature of Signing Officer or Director

_____ Date