

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11648

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: SHWINCO INDUSTRIES, INC.

**Current Principal Place of Business:**

400 ABERDEEN LOOP  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1496  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

171 PEMCO DRIVE  
DOTHAN, AL 36303 US

FEI Number: 59-2970697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPP, SR, CRAIG D  
108 ALABAMA AVE.  
LYNN HAVEN, FL 32444 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: DT ( ) Delete  
Name: SHIPP, SR, CRAIG D  
Address: 108 ALABAMA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete  
Name: SHIPP, MARGIE E  
Address: 108 ALABAMA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete  
Name: SHIPP, JEROME D  
Address: 210 E 6TH ST  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: SHIPP, MARGIE E  
Address: 1330 CHESTNUTT RD  
City-St-Zip: SLOCOMB, AL 36375

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: MARGIE E SHIPP

S

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date