

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 006 ***150.00

DOCUMENT # L42032

1. Entity Name

THE SHINE SHOP, INC.



Principal Place of Business

10301 JEF-NIK LANE
BONITA SPRINGS FL 34135
US

Mailing Address

P O BOX 366216
BONITA SPRINGS FL 34136
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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3042609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, RICK C.

~~10301 JEF-NIK LANE~~

~~10~~
BONITA SPRINGS FL 34135

Name

Rick Campbell

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

10301 JEF NIK LANE

~~BONITA~~

City

Bonita Springs

FL

Zip Code

34135

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
PDT
CAMPBELL, RICK C. ☐ Delete
10301 JEF NIK LANE
BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSD
CAMPBELL, VICKIE A. ☐ Delete
10301 JEF NIK LANE
BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

992-6669

Date

Daytime Phone #