

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-15-2006 90046 016 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # L81700 1. Entity Name SHANACHIE INC.																													
Principal Place of Business % THOMAS J. MCGUIGAN 129 WEST CYPRESS CT. OLDSMAR FL 34677			Mailing Address % THOMAS J. MCGUIGAN 129 WEST CYPRESS CT. OLDSMAR FL 34677																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip	Country	Zip	Country	4. FEI Number 39-2214112 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCGUIGAN, THOMAS J 129 W. CYPRESS CT. OLDSMAR FL 34677				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: 31 Jan 06 <small>Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>																													
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 <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGUIGAN, THOMAS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>129 WEST CYPRESS CT.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OLDSMAR FL 34677</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MCGUIGAN, THOMAS J		STREET ADDRESS	129 WEST CYPRESS CT.		CITY- ST- ZIP	OLDSMAR FL 34677		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: 24 Feb 06 813 928 0284 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>																													

Thomas J. McGuigan Owner