2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# M95933

Entity Name: E.M. SHEVLIN INC.

Current Principal Place of Business:

445 STIPE STREET
NORTH FT. MYERS, FL 339034325

New Principal Place of Business:

3961 GALT ISLAND AVE.
ST. JAMES CITY, FL 33956

Current Mailing Address:

445 STIPE STREET
NORTH FT. MYERS, FL 339034325

New Mailing Address:

3961 GALT ISLAND AVE.
ST. JAMES CITY, FL 33956

FEI Number: 65-0084941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEVLIN, EDWIN M.
445 STIPE STREET
NORTH FT. MYERS, FL 339034325 US

Name and Address of New Registered Agent:

SHEVLIN, EDWIN M.
3961 GALT ISLAND AVE.
ST. JAMES CITY, FL 33956 US

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: EDWIN M. SHEVLIN 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHEVLIN, EDWIN M.
Address: 445 STIPE STREET
City-St-Zip: NORTH FT. MYERS, FL 339034325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EDWIN M. SHEVLIN PRES 04/23/2009
Electronic Signature of Signing Officer or Director Date