

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004686

1. Entity Name
SHAPE CHANGERS INTERNATIONAL, INC.



FILED

05 APR 26 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232005 Chg-NP CR2E037 (10/03)

4. FEI Number **86-1105434** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSER, JEANNENE S
9361 COXWELL LANE
JACKSONVILLE, FL 32221

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

☒ Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

☒ Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSSER, JEANNENE S ☐ Delete
STREET ADDRESS 9361 COXWELL LANE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE SD
NAME SIMS, MICHEALANE M ☐ Delete
STREET ADDRESS 2200 NW 191ST ST
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE TD
NAME ROSSER, SAMUEL L ☐ Delete
STREET ADDRESS 9361 COXWELL LANE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400054204154
05/10/05--01041--001 **\$61.25

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

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Jeannene S. Rosser Jeannene S. Rosser 3/24/05 (904) 613-4806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #