2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004603

FILED Apr 28, 2008 Secretary of State

Entity Name: SHOEMAKER & ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 23114 STATE ROAD 54 LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 23114 STATE ROAD 54 LUTZ, FL 33549 FEI Number: 59-3619554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHOEMAKER, SALLY 23114 STATE ROAD 54 LUTZ, FL 33549 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SHOEMAKER, RONALD SHOEMAKER, RONALD Name: Name: 2485 MILLWATER CROSSING 3232 COCONUT GROVE ROAD Address: Address: City-St-Zip: DACULA, GA 30019 City-St-Zip: LAND O LAKES, FL 34639

Title: Title: (X) Change () Addition () Delete SHOEMAKER, SALLY SHOEMAKER, SALLY Name: Name:

26642 AFFIRMED DRIVE Address: 3232 COCONUT GROVE ROAD Address: WESLEY CHAPEL, FL 33544 LAND O LAKES, FL 34639 City-St-Zip: Citv-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: SALLY SHOEMAKER MRS 04/28/2008