

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 010 ***150.00

DOCUMENT # P00000031339

1. Entity Name

NIGHTSHIFT, INC.



Principal Place of Business

4615 GULF BLVD., #104-145
ST. PETERSBURG FL 33706

Mailing Address

4615 GULF BLVD., #104-145
ST. PETERSBURG FL 33706

2. Principal Place of Business

7217 GULF BLVD

3. Mailing Address

7217 GULF BLVD

Suite, Apt. #, etc.

#14-146

Suite, Apt. #, etc.

#14-146

City & State

ST PETE BEACH FL

City & State

ST PETE BEACH FL

Zip

33706

Country

FLORIDA

Zip

33706

Country

FLORIDA

6. Name and Address of Current Registered Agent

PENETSDORFER, ROLAND

4615 GULF BLVD.

#104-145

SAINT PETERSBURG FL 33706

7. Name and Address of New Registered Agent

Name PENETSDORFER ROLAND

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

7217 GULF BLVD

#14-146

City

ST PETE BEACH

FL

Zip Code

33706

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

Roland Penetsdorfer ROLAND PENETSDORFER

2-12-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME PENETSDORFER, ROLAND
STREET ADDRESS 4615 GULF BLVD., #104-145
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE D ☒ Delete
NAME SCHUTTI, ANDREAS
STREET ADDRESS 4615 GULF BLVD., #104-145
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ Delete
NAME PENETSDORFER ROLAND
STREET ADDRESS 7217 GULF BLVD #14-146
CITY-ST-ZIP ST PETE BEACH, FL 33706

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 11

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

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

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

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

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

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: *Roland Penetsdorfer* ROLAND PENETSDORFER 2-12-06 727 360 4098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #