

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000034391

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** NORTH SHORE MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

533 N. NOVA ROAD  
SUITE 215A  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

533 N. NOVA ROAD  
SUITE 215A  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 59-3636973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWE, SHERYL T  
22 OAKWOOD PARK  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARKER, PATRICIA A  
Address: 1105 OVERBROOK DRIVE  
City-St-Zip: ORMOND BCH, FL 32174

Title: V  
Name: LOWE, SHERYL T  
Address: 269 MELROSE AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S  
Name: BARKER, MARK D  
Address: 1105 OVERBROOK DRIVE  
City-St-Zip: ORMOND BCH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: SHERYL TERESA LOWE

V

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date