2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000115617

1. Entity Name
SHIFTERS, INC.

Principal Place of Business	Mailing Address
2202 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	2202 SOUTH FLORIDA AVENUE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

04282006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3692357	Not Applicable

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

6. Name and Address of Current Registered Agent

SHIFTER, INC.
2202 SOUTH FLORIDA AVENUE
LAKELAND, FL   33-8030

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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: _____ ent 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

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	PYNE, JOSEPH	*Joseph Pyne*
STREET ADDRESS	6502 CALUSA DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	
NAME	PYNE, DEBORAH	*Deborah Pyne*
STREET ADDRESS	6502 CALUSA DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joseph A Pyne*   4/26/06   863-686-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #