

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000079187

Entity Name: BILL SHOOK DESIGNS, INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5420 AIRPORT BLVD  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5420 AIRPORT BLVD  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 59-3739728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BACON, DAVID A ESQ.  
2959 FIRST AVE. N.  
ST. PETERSBURG, FL 33713 US

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

SHOOK, WILLIAM A B  
5420 AIRPORT BLVD  
TAMPA, FL 33634 US

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: WILLIAM B SHOOK

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHOOK, WILLIAM B  
Address: 3917 E. EDEN ROCK CIR.  
City-St-Zip: TAMPA, FL 33643

Title: DST  
Name: KAST, ELLEN  
Address: 3917 E. EDEN ROCK CIR.  
City-St-Zip: TAMPA, FL 33643

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: ELLEN KAST

SEC

01/05/2012

Electronic Signature of Signing Officer or Director

Date