

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 011 ***150.00

DOCUMENT # P01000098675

1. Entity Name

SHAKER SALES AND MARKETING, INC.



Principal Place of Business

2022 CARNES ST, SUITE 3
ORANGE PARK FL 32073

Mailing Address

P O BOX 899
ORANGE PARK FL 32067-0899



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3752280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, BEN S JR
2022 CARNES ST, SUITE 3
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

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

Signature of person or persons authorized to act as registered agent and file this application

(NOTE: Registered Agent signature required when substituting)

4/23/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME TAYLOR, BEN S JR
STREET ADDRESS 675 CHERRY GROVE RD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 672 Cherry Grove Rd
CITY-ST-ZIP Same

TITLE D ☐ Delete
NAME TAYLOR, CANDACE
STREET ADDRESS 675 CHERRY GROVE RD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 672 Cherry Grove Rd
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/08 904-278-1008