

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000028000

Entity Name: SHOCK CAULKING INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

129 SOUTHAMPTON DR  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

159 SOUTHAMPTON DR,  
KISSIMMEE, FL 34744

**Current Mailing Address:**

129 SOUTHAMPTON DR  
KISSIMMEE, FL 34744

**New Mailing Address:**

159 SOUTHAMPTON DR,  
KISSIMMEE, FL 34744

FEI Number: 81-0552042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHOCK, LYNDAL N PRESIDE  
129 SOUTHAMPTON DR  
KISSIMMEE, FL 34744 US

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

SHOCK, LYNDAL N PRESIDE  
159 SOUTHAMPTON DR,  
KISSIMMEE, FL 34744 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:

Electronic Signature of Registered Agent

04/20/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHOCK, LYNDAL N  
Address: 159 SOUTHAMPTON DR  
City-St-Zip: KISSIMMEE, FL 34744

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: LYNDAL N SHOCK

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date