


2004 FOR PROFIT CORPORATION REINSTATEMENT

192

DOCUMENT # P02000091256		
1. Entity Name SHANNON CLAXTON ENTERPRISES, INC.		

FILED

05 JAN 24 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 0405



Principal Place of Business 2228 RIDGEMORE DRIVE VALRICO, FL 33594	Mailing Address 2228 RIDGEMORE DRIVE VALRICO, FL 33594
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12222004 REIN-P CR2E098 (6/04)

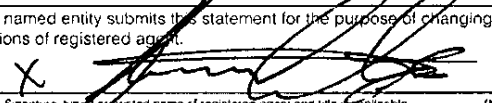
FEI Number 22-3867447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLAYTON, SHANNON 2228 RIDGEMORE DRIVE VALRICO, FL 33594	
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7. Name and Address of New Registered Agent	
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 X  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLAXTON, SHANNON 2228 RIDGEMORE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02/10/05--01009--016 **150.00

000046292180
02/10/05--01009--017 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # _____

2002

**Shannon Claxton Enterprises Inc.
2228 Ridgemore Dr
Valrico, FL 33594
813-655-6423**

12/13/04

Florida Department of State
Division of Corporations
Corporation Reinstatement
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Recently I have been informed that my Florida Corporation needs to be reinstated. This information was provided to me by the Workers Compensation office. I was unaware of any requirements to file an annual report and never received anything to fill out and mail back. Because of this I would like to request a wavier of the Reinstatement fees and have included payment of \$150.00 for the missing annual report.

Thank you,

Shannon Claxton