


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90074 045 \*\*\*150.00

<b>DOCUMENT # P02000126298</b>	
1. Entity Name <b>SHINETIME AND ETC., INCORPORATED</b>	

Principal Place of Business <b>10602 DIXON RD. RIVERVIEW, FL 33569</b>	Mailing Address <b>10602 DIXON RD. RIVERVIEW, FL 33569</b>
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01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0137666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LAWSON, MONICA Z 2403 STATE STREET TAMPA, FL 33609</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUD, ROBERT <del>8642 PALMER STREET</del> <b>10602 DIXON DR</b> RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUD, RENEE <del>8642 PALMER STREET</del> <b>10602 DIXON DR</b> RIVERVIEW, FL 33569
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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: Renee Stroud RENEE STROUD** **4/24/05** **813-367-4747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #