


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126298**

1. Entity Name  
**SHINETIME AND ETC., INCORPORATED**



Principal Place of Business  
**10602 DIXON RD.  
 RIVERVIEW, FL 33569**

Mailing Address  
**10602 DIXON RD.  
 RIVERVIEW, FL 33569**

**DO NOT WRITE IN THIS SPACE**



06052006 No Chg-P CRZE034 (11/05)

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

6. Name and Address of Current Registered Agent

**LAWSON, MONICA Z  
 2403 STATE STREET  
 TAMPA, FL 33609**

**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 \_\_\_\_\_ DATE **06/12/06-80006-007 150.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUD, ROBERT 10602 DIXON DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUD, RENEE 10602 DIXON DR RIVERVIEW, FL 33569
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Renee Stroud **RENEE STROUD** Date: 6/12/06 Daytime Phone #: 813 671-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR