

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 001 ***158.75

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1. Entity Name
SHUROCK HOMES, INC.



Principal Place of Business

**138 WALLAKE TRAIL
MELROSE, FL 32666**

Mailing Address

**POST OFFICE BOX 827
HOLLISTER, FL 32147**

40047600



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2413829

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHUROCK, THOMAS L
138 WALLAKE TRAIL
MELROSE, FL 32666**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHUROCK, THOMAS L
STREET ADDRESS	POST OFFICE BOX 827
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	VD
NAME	SCHAUS, WILLIAM S
STREET ADDRESS	415 SLEEPY HOLLOW
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	TD
NAME	HILTON, CONNIE M
STREET ADDRESS	POST OFFICE BOX 496
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	Secretary
NAME	Melissa Freeman
STREET ADDRESS	P.O. Box 214
CITY-ST-ZIP	Hollister, FL 32147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Date

904-669-1661

Daytime Phone #