

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 027 ***150.00

DOCUMENT # P03000049266

1. Entity Name

SHANTHALORPH MANAGEMENT AND INVESTMENT GROUP, INC.



Principal Place of Business

Mailing Address

**2283 RIDGEWOOD CIRCLE
ROYAL PALM BEACH FL 33411**

**2283 RIDGEWOOD CIRCLE
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

1212 MAGNOLIA AVE

P.O. BOX 916

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

City & State

LOXAHATCHEE

Zip

Country

33971

USA

Zip

Country

33470

USA

6. Name and Address of Current Registered Agent

4. FEI Number

55-0830138

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 restate(s))

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **PATTERSON, VERON L**
CITY-ST-ZIP **2283 RIDGEWOOD CIRCLE
ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1212 MAGNOLIA AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PATTERSON, SHAUN S**
CITY-ST-ZIP **2283 RIDGEWOOD CIRCLE
ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1212 MAGNOLIA AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Veron L. Patterson **VERON L. PATTERSON** **4-18-06** **917 929 2507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #