

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 015 ***550.00

DOCUMENT # P03000096973					
1. Entity Name SHEAFFER SERVICES, INC.					
Principal Place of Business 1515 NW 33RD STREET POMPANO BEACH, FL 33064			Mailing Address 1515 NW 33RD STREET POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # 2261 N.W. 40th Terrace		3. Mailing Address 2261 N.W. 40th Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 02-0705007	
Zip 33066		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAFFER, JONATHAN 1515 NW 33RD STREET POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name: Jonathan Sheaffer Street Address (P.O. Box Number is Not Acceptable): 2261 N.W. 40th Terrace City: Coconut Creek, FL Zip: 33066		
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: 4-30-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SHEAFFER, JONATHAN STREET ADDRESS 1515 NW 33RD STREET CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE P/T/D NAME Jonathan Sheaffer STREET ADDRESS 2261 N.W. 40th Terrace CITY-ST-ZIP Coconut Creek, FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE S NAME Lisa Bartley STREET ADDRESS 2261 N.W. 40th Terrace CITY-ST-ZIP Coconut Creek, FL 33066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Jonathan Sheaffer 4-30-08 954-401-0451 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					