

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129569

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** THE SHASTEEN-SIZEMORE CO.

**Current Principal Place of Business:**

905 N FLORIDA AVE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

815 TURTLE RIVER CT  
PLANT CITY, FL 33567

**New Mailing Address:**

FEI Number: 56-2412650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHASTEEN, PHILIP M  
150 SECOND AVE NORTH  
SUITE 1100  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

SHASTEEN, PHILIP M  
360 CENTRAL AVENUE  
SUITE 1200  
ST PETERSBURG, FL 33701 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/04/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SHASTEEN, MONICA L  
Address: 2920 HARBOR VIEW AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: DEVP  
Name: SIZEMORE, JENNIFER L  
Address: 815 TURTLE RIVER CT  
City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MONICA L SHASTEEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPS

01/04/2012

\_\_\_\_\_  
Date