


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000140218</b> 1. Entity Name SHAGLE ENTERPRISES, INC.	
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Principal Place of Business  
3834 BRAMPTON ISLAND CT N  
JACKSONVILLE, FL 32224

Mailing Address  
3834 BRAMPTON ISLAND CT N  
JACKSONVILLE, FL 32224



07252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0425940	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

H.A. INCORPORATED  
308 NW 101 TERR  
CORAL SPRINGS, FL 33071

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PALMER, GLENN 3834 BRAMPTON ISLAND COURT NORTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALMER, SHANNON 3834 BRAMPTON ISLAND COURT NORHT JACKSONVILLE, FL 32224
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1000000377123  
08/25/05-80007-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/25/05 904-251-5109  
Date Daytime Phone #