

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90288 028 \*\*\*150.00

DOCUMENT # P03000141547

1. Entity Name  
SHUMPERT, INC.



Principal Place of Business Mailing Address  
~~231 INDIAN BEND RD.~~ **2 SEA PARK DR.** ~~231 INDIAN BEND RD.~~ **2 SEA PARK DR.**  
ST. AUGUSTINE, FL 32080 ~~80~~ ST. AUGUSTINE, FL 32080 ~~80~~

4000127



02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0559783

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E  
77 ALMERIA ST.  
ST. AUGUSTINE, FL 32084

**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 D  
NAME SHUMPERT, GEORGE E  
STREET ADDRESS ~~231 INDIAN BEND RD.~~ **2 SEA Park Dr.**  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080 ~~80~~

TITLE D  
NAME SHUMPERT, JOYCE D  
STREET ADDRESS ~~231 INDIAN BEND RD.~~ **2 SEA Park Dr.**  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080 ~~80~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4-27-06 90447-2375