

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90198 036 \*\*\*150.00

**DOCUMENT # P03000150872**

1. Entity Name  
**SHINDIGS, INC.**



Principal Place of Business  
**370A 4TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address  
**370A 4TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0556873**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTREPID REGISTERED AGENT SERVICES, LLC  
225 WATER STREET  
SUITE 2020  
JACKSONVILLE, FL 32202**

Name **Michael W. Riesmeyer**

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

**370A 4th Ave. S.**

City **Jacksonville Beach**

FL Zip Code **32250**

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 **Michael W. Riesmeyer, Pres.**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/26/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
RIESMEYER, MICHAEL W  
370A 4TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
RIESMEYER, NANCY A  
370A 4TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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: **Nancy A. Riesmeyer** VP. **Nancy A. Riesmeyer, VP.** **4/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**904-246-3497**  
Daytime Phone #