

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90024 008 ***150.00

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1. Entity Name
MICHAEL SHAW, INC.

Principal Place of Business
**4560 CYNTHIA LANE
SPRING HILL, FL 34606**

Mailing Address
**4560 CYNTHIA LANE
SPRING HILL, FL 34606**

2. Principal Place of Business - No P.O. Box #
18325 OHLING WAY

3. Mailing Address
18325 OHLING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEEKI WACHEE FL

City & State
WEEKI WACHEE FL

Zip Country
34614

Zip Country
34614

03182008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0952857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAW, MICHAEL-G
4560 CYNTHIA LANE
SPRING HILL, FL 34606**

Name

Street Address (P.O. Box Number is Not Acceptable)
18325 OHLING WAY

City **WEEKI WACHEE FL** Zip Code **34614**

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PSTD SHAW, MICHAEL G
STREET ADDRESS **4560 CYNTHIA LANE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS **18325 OHLING WAY**
CITY-ST-ZIP **WEEKI WACHEE FL 34614**

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

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

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

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

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

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: **X** **MICHAEL SHAW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **3-24-08**
Date Daytime Phone #