

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062959

1. Entity Name  
SHOEMAKER CUISINE, INC.



Principal Place of Business  
12001 AVALON LAKE DR  
SUITE G  
ORLANDO, FL 32828

Mailing Address  
12001 AVALON LAKE DR  
SUITE G  
ORLANDO, FL 32828

**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
83-0391602

Applied For  
Not Applicable

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

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

SHOEMAKER, BEVERLY  
14752 SAPODILLA DRIVE  
ORLANDO, FL 32828

**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

U000000959077

09/05/08-80001-007 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
SHOEMAKER, BEVERLY  
STREET ADDRESS  
14752 SAPODILLA DRIVE  
CITY- ST- ZIP  
ORLANDO, FL 32828

TITLE  
NAME  
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CITY- ST- ZIP

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CITY- ST- ZIP

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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:**

*Beverly Shoemaker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-08 407-281-8889  
Date Daytime Phone