


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000026007	
1. Entity Name SHRINER'S AUTOMOTIVE INC.	

Principal Place of Business 4249 SE COUNTY ROAD 232 TRENTON, FL 32693	Mailing Address 4249 SE COUNTY ROAD 232 TRENTON, FL 32693
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2341128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, MAUREEN L
4249 SE COUNTY ROAD 232
TRENTON, FL 32693**

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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 _____ (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 STREET ADDRESS CITY-ST-ZIP	CEO SHRINER, JEFFREY C 4249 SE COUNTY ROAD 232 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DAVIS, MAUREEN L 4249 SE COUNTY ROAD 232 TRENTON, FL 32693
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04/17/08-80053-024 150.00

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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: Maureen L Davis **Maureen L DAVIS** 4/3/08 352 472-6502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #