

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P05000040572

1. Entity Name

SHADCO OF SOUTHWEST FLORIDA INC



FILED

2006 NOV -9 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8424 NIGHTHAWK DR  
ENGLEWOOD, FL 34224

Mailing Address

8424 NIGHTHAWK DR  
ENGLEWOOD, FL 34224

2. Principal Place of Business

3690 LAVILLA AVE

3. Mailing Address

3690 LAVILLA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Northport, Florida

City & State

North Port Florida

Zip

34286

Country

USA

Zip

34286

Country

USA

4. FEI Number

20-2523461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARCO, CARROLL S JR  
1861 PLACIDA RD  
201  
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 January 1, 2007, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD Krisko  
NAME GOINS, KATHLEEN  
STREET ADDRESS 8424 NIGHTHAWK DR  
CITY-ST-ZIP ENGLEWOOD, FL 34224

☐ Delete

3690 LAVILLA AVE  
North Port FL 34286

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

400081789784  
11/15/06--01015--016 \*\*150.00

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kathleen Krisko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-06

Date

941-423-4954

Daytime Phone #