

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045454

FILED
Apr 30, 2006
Secretary of State

Entity Name: SHINING WHEEL PAGAN CHORUS, INC.

Current Principal Place of Business:

P.O.BOX 4931
CLEARWATER, FL 337584931

New Principal Place of Business:

PO BOX 4931
CLEARWATER, FL 337584931

Current Mailing Address:

P.O.BOX 4931
CLEARWATER, FL 337584931

New Mailing Address:

PO BOX 4931
CLEARWATER, FL 337584931

FEI Number: 20-2464389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIEFNER, JAMIE A
11363 LONGHILL DR
PINELLAS PK, FL 337822008 US

Name and Address of New Registered Agent:

FONSLET, JENNIFER M
2225 NURSERY RD
32-103
CLEARWATER, FL 33764 US

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.

SIGNATURE: JENNIFER FONSLET

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIEFNER, JILLIAN M
Address: 11363 LONGHILL DR
City-St-Zip: PINELLAS PK, FL 337822008

Title: VD () Delete
Name: NEWLOVE, LORI
Address: 8360 121ST PL N
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: WEBB, ROBERT L II
Address: 11641 SEMINOLE BLVD
City-St-Zip: LARGO, FL 33778

Title: T (X) Delete
Name: FONSLET, JENN
Address: 2225 NURSERY RD #32-103
City-St-Zip: CLEARWATER, FL 33764

Title: D (X) Delete
Name: SEACHRIST, BRIAN
Address: 1437 ROGERS ST
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete
Name: MORSE, BRIAN
Address: P.O.BOX 961
City-St-Zip: OCKLAWAHA, FL 32183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAMANNA, ANTHONY J
Address: 2225 NURSERY RD APT 32-103
City-St-Zip: CLEARWATER, FL 33764

Title: T (X) Change () Addition
Name: FONSLET, JENNIFER M
Address: 2225 NURSERY RD APT 32-103
City-St-Zip: CLEARWATER, FL 33764

Title: D (X) Change () Addition
Name: WEBB, ROBERT L
Address: 5030 29TH AVE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER FONSLET

T

04/30/2006

Electronic Signature of Signing Officer or Director

Date