


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00
Secretary of State

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| DOCUMENT # P05000059580 1. Entity Name NAPOYCA SHORES, INC. |  |
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| Principal Place of Business 1922 S 14TH STREET FERNANDINA BEACH, FL 32034 | Mailing Address 1922 S 14TH STREET FERNANDINA BEACH, FL 32034 |
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01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 33-1116944 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SHORES, NANCY C 1739 PHILIPS MANOR ROAD FERNANDINA BEACH, FL 32034 |
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000853224 03/25/08-20059-023 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHORES, NANCY C 1922 S. 14TH STREET FERNANDINA BEACH, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHORES, THOMAS M 1922 S. 14TH STREET FERNANDINA BEACH, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHORES, DUSTIN R 1922 S. 14TH STREET FERNANDINA BEACH, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **3-6-08** **904 261 5464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #