

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90014 042 ***150.00

DOCUMENT # P05000067937

1. Entity Name
SHEAR TAN DE SOLEIL INC.



Principal Place of Business
**272 N NOVA ROAD
ORMOND BEACH, FL 32174 US**

Mailing Address
**272 N NOVA ROAD
ORMOND BEACH, FL 32174 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05042006 Chg-P CR2E034 (11/05)

4. FEI Number

29-2812520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351**

7. Name and Address of New Registered Agent

Name **ROBERT PAVELO**

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

272 N. NOVA ROAD

City

ORMOND BEACH

FL

Zip Code

32174

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
Due by September 6, 2006**

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
STREET ADDRESS
CITY-ST-ZIP

**D, P
PAVELO, ROBERT
274 N NOVA ROAD
ORMOND BEACH, FL 32174**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D, VP
STAUFFER, MICHEAL W JR.
274 N NOVA ROAD
ORMOND BEACH, FL 32174**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

ROBERT PAVELO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2206
Date

Daytime Phone #