

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90125 001 ***300.00

DOCUMENT # P05000070925

1. Entity Name
SHORELINE INVESTORS GROUP, INC.



Principal Place of Business
**4821 MOSLEY LN N
CRESTVIEW, FL 32539**

Mailing Address
**4821 MOSLEY LN N
CRESTVIEW, FL 32539**

66003291



2. Principal Place of Business - No P.O. Box #
6816 County Hwy. 183N
Suite, Apt. #, etc.

3. Mailing Address
6816 County Hwy. 183N
Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State
DeFuniak Springs, FL

City & State
DeFuniak Springs, FL

4. FEI Number
20-2852163

Applied For
Not Applicable

Zip
32433

Country
U.S.A.

Zip
32433

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORBIN, JOHN J
4821 MOSLEY LN N
CRESTVIEW, FL 32539**

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 re-registering)

Date

1/28/08

**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
**P
CORBIN, JOHN J
4821 MOSLEY LN N
CRESTVIEW, FL 32539** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GEOGHAGAN, RANDY R
9800 HUNTCLIFF TRACE
ATLANTA, GA 30350** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GEOGHAGAN, JEFFREY A
6816 COUNTRY HWY. 183N
DEFUNIAK SPRINGS, FL 32433** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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
**VP
Geoghagan, Jeffrey A.
6816 County Hwy. 183N
DeFuniak Springs, FL 32433** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08

Daytime Phone #