


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90108 038 \*\*\*150.00

**DOCUMENT # P05000138178**

1. Entity Name  
**THE SHORE PARTNERS, INC.**



Principal Place of Business  
**224 EAST GORDON STREET  
 SAVANNAH, GA 31401**

Mailing Address  
**224 EAST GORDON STREET  
 SAVANNAH, GA 31401**

2. Principal Place of Business  
**145 King St.  
 Suite, Apt. #, etc. Suite 407  
 City & State Charleston, SC  
 Zip 29401 Country USA**

3. Mailing Address  
**145 King St.  
 Suite, Apt. #, etc. Suite 407  
 City & State Charleston, SC  
 Zip 29401 Country USA**



02232006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3843715**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**A.G.C. CO.  
 200 SOUTH ORANGE AVENUE  
 SUN TRUST CENTER, SUITE 2300  
 ORLANDO, FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<b>Shareholder Edward G. Johnson, III 145 King Street, Suite 407 Charleston, SC 29401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shareholder Jimmy Pruett P.O. Box 457 Eastman, GA 31023</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ed Johnson* **Feb. 24, 2006** **843853.0115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #