

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90012 045 \*\*\*150.00

**DOCUMENT # P05000138259**

1. Entity Name  
**SHAGGY & SPUD, INC.**



Principal Place of Business  
**3701 KALEWOOD PLACE  
VALRICO, FL 33594**

Mailing Address  
**3701 KALEWOOD PLACE  
VALRICO, FL 33594**

**DO NOT WRITE IN THIS SPACE**



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3779029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEAL, MICHELLE  
3701 KALEWOOD PLACE  
VALRICO, FL ~~33594~~**

**33596**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NEAL, MICHELLE
STREET ADDRESS	3701 KALEWOOD PLACE
CITY-ST-ZIP	VALRICO, FL <del>33594</del> <b>33596</b>
TITLE	D
NAME	NEAL, GREGORY
STREET ADDRESS	3701 KALEWOOD PLACE
CITY-ST-ZIP	VALRICO, FL <del>33594</del> <b>33596</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**5-31-07**

Date

**813-484-1182**

Daytime Phone #

ATTACHMENT

40119806

MICHELLE NEAL  
3701 KALEWOOD PLACE  
VALRICO, FL 33594  
813-689-0541

May 31, 2007

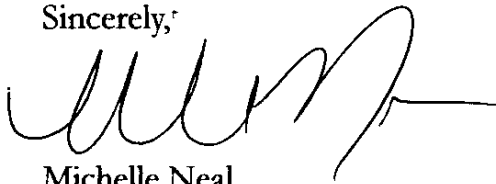
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

RE: P05000138259

To Whom It May Concern:

Please find enclosed 2007 For Profit Corporation Annual Report. I never received any kind of notice for this. I was speaking to my attorney today and we were talking about this and he told me about it. I apologize if I would have known I would have sent this in much sooner. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'Michelle Neal', written in a cursive style.

Michelle Neal