## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 10, 2006 8:00 am Secretary of State 03-10-2006 90010 040 \*\*\*150.00 DOCUMENT # P05000145228 SHOAL SANCTUARY, INC. 400con Principal Place of Business Mailing Address 4 LONGWOOD DRIVE 4 LONGWOOD DRIVE SHALIMAR, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number City & State City & State 5421 Not Applicable Country Zip Country 7in \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_ - - - - - -SMITH, PARKER B - - ~ Street Address (P.O. Box Number is Not Acceptable) 1219 AIRPORT ROAD SUITE 311 DESTIN, FL 32541 Zip Code FL 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 reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE THLE LARSON, CHRISTINA NAME NAME 4 LONGWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-7IP ☐ Addition DVPT TITLE ☐ Delete TITLE LARSON, ROBERT NAME NAME STREET ADDRESS 4 LONGWOOD DRIVE STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in Block 12 in Bl OF SIGNING OFFICER OR DIRECTOR

5e][

FILED



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 2, 2006

SHOAL SANCTUARY, INC. 4 LONGWOOD DRIVE SHALIMAR, FL 32579

SUBJECT: SHOAL SANCTHARY, INC. Ref. Number: P05000145228

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee. Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.(  $\downarrow\downarrow$  )

PAMELA YARBOR No one answers, recorded message only. Letter Number: 106A00014737 **OPS** 

www.sunbiz.org

Please send step by step instructions on how to do this online next year we are Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314