

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90430 012 ***150.00

DOCUMENT # P05000151782 1. Entity Name GITTER SHOOK, INC.			
Principal Place of Business 800 IRENE DRIVE AUBURNDAL, FL 33823		Mailing Address 800 IRENE DRIVE AUBURNDAL, FL 33823	
2. Principal Place of Business 800 IRENE DRIVE Suite, Apt. #, etc.		3. Mailing Address 800 IRENE DRIVE Suite, Apt. #, etc.	
City & State AUBURNDAL FL. Zip 33823		City & State AUBURNDAL FL. Zip 33823	
4. FEI Number 75-3204328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, MARK E 800 IRENE DRIVE AUBURNDAL, FL 33823		7. Name and Address of New Registered Agent Name MARK E. NORRIS Street Address (P.O. Box Number is Not Acceptable) 800 IRENE DRIVE City Auburndale	
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.		FL Zip Code 33823	
SIGNATURE <u>Mark E. Norris</u>		SIGNATURE <u>MARK EUGENE NORRIS</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>5-1-06</u>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, MARK E 800 IRENE DRIVE AUBURNDAL, FL 33823	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u>Mark E. Norris</u>		Date <u>5-01-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>967-7516</u>	