

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026648

Entity Name: SHAWANA ENTERPRISES INC

FILED  
May 07, 2008  
Secretary of State

## Current Principal Place of Business:

8229 HEDGE COTH AVE  
NORTH PORT, FL 34286 US

## New Principal Place of Business:

## Current Mailing Address:

8229 HEDGE COTH AVE  
NORTH PORT, FL 34286 US

## New Mailing Address:

FEI Number: 20-4354657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWMAN, SAMUEL  
8229 HEDGE COTH AVE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEWMAN, SAMUEL  
Address: 8229 HEDGE COTH AVE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP ( ) Delete  
Name: PENNANT, CLIVE D  
Address: 8229 HEDGE COTH AVE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: TREA ( ) Delete  
Name: BOWEN, EVERTON  
Address: 8229 HEDGE COTH AVE  
City-St-Zip: NORTH PORT, FL 34286 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL NEWMAN

PRES

05/07/2008

Electronic Signature of Signing Officer or Director

Date