

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000026648

Entity Name: SHAWANA ENTERPRISES INC

FILED
Dec 11, 2009
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:

SPENCER, MARGARET
8229 HEDGE COTH AVE
NORTH PORT, FL 34286 US

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: MARGARET SPENCER

12/11/2009

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: P (X) Change () Addition
Name: SPENCER, MARGARET
Address: 8229 HEDGE COTH AVE
City-St-Zip: NORTH PORT, FL 34286 US

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: MARGARET SPENCER

P

12/11/2009

Electronic Signature of Signing Officer or Director

Date