


07-08  
**FOR PROFIT CORPORATION  
 ANNUAL REPORT (AR)**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90034 045 \*\*\*150.00  
 10-01-07 01032 010 \$150.00

DOCUMENT # **P06000036321**

1. Entity Name  
**Shoreline Professional Services Inc.**



**DO NOT WRITE IN THIS SPACE**

40104806

2. Principal Place of Business  
**684 Manatee Bay Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
 " "  
 Suite, Apt. #, etc.

City & State  
**Boynton Beach, FL**

City & State  
 " "  
 City & State

Zip  
**33435**

Country  
**USA**

Zip  
 same

Country

CR2E034B (8/05)

4. FEI Number  
**74-3167852**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Kelly Chieffe**

Street Address (P.O. Box Number is Not Acceptable)  
**684 Manatee Bay Dr**

City  
**Boynton Beach**

FL

Zip Code  
**33435**

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 **Kelly Chieffe** DATE **5/5/08**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended AR is \$61.25  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>John Chieffe/President 684 Manatee Bay Dr Boynton Beach, FL 33435</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Chieffe** DATE **5/5/08** 984.394.000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR