


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **906000052879**

1. Entity Name
HOWARD SHAFFER ENTERPRISES INC



11 MAY 18 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
9824 ALHAMBRA LN.
Suite, Apt. #, etc.

City & State
BONITA SPRGS. FL.

Zip
34135

Country

CR2E034B (1/11)

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4. FEI Number
68-0626981

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
HOWARD SHAFFER III

Street Address (P.O. Box Number is Not Acceptable)
9824 ALHAMBRA LN.

City
BONITA SPRGS. FL

Zip Code
34135

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 **HESUM III** DATE **5/16/11**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

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 ☐ **\$5.00** May Be Added to Fees

E-mail Address:
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD SHAFFER ENT. HOWARD SHAFFER III 9824 ALHAMBRA LN BONITA SPRGS. FL. 34135
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **HESUM III** DATE **5/16/11** (239) 777-1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR