


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90184 028 \*\*\*150.00

<b>DOCUMENT # P06000099412</b>	
1. Entity Name <b>SHUREB'S FINAL PHASE INC</b>	

Principal Place of Business <b>10201 SILVERADO CIRCLE BRADENTON, FL 34202 US</b>	Mailing Address <b>10201 SILVERADO CIRCLE BRADENTON, FL 34202 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3015 GULF DRIVE</b>	3. Mailing Address <b>3015 GULF DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Holmes Beach BRADENTON BEACH, FL</b>	City & State <b>Holmes Beach BRADENTON BEACH, FL</b>
Zip <b>34217</b>	Country <b>USA</b>

40000000



04022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SHUREB, VICTOR A JR 10201 SILVERADO CIRCLE BRADENTON, FL 34202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3015 GULF DRIVE</b> City <b>BRADENTON BEACH, FL</b> Zip Code <b>34217</b>	
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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.  
**Holmes Beach, FL.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P SHUREB, VICTOR A JR 10201 SILVERADO CIRCLE BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11105 Belle Mead CT.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Victor A. Shureb Jr** **Victor A. Shureb Jr Pres.** **4-11-07** **941-779-0551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #