2007 FOR PROFIT CORPORATION ANNUAL REPORT

08-29-2007 90002 015 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40130659

07062007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000112283

1. Entity Name
MAPLE SHADE ENTERPRISES, INC

Principal Place of Business	Mailing Address
3322 HICKORYWOOD WAY TARPON SPRINGS, FL 34689 US 34688	3322 HICKORYWOOD WAY TARPON SPRINGS, FL 34689 US 34688

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3322 Hickorywood Way	3322 Hickorywood Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs FL.	City & State: Tarpon Springs FL.
Zip: 34688 Country: US	Zip: 34688 Country: US

4. FEI Number 20-5456737 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PISZ, ANGELA D 3322 HICKORYWOOD WAY TARPON SPRINGS, FL 34689	Name: N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Angela D Pisz 8/27/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PRES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PISZ, ANGELA D		NAME	N/A
STREET ADDRESS	3322 HICKORYWOOD WAY		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL ~~34689~~ - 34688		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PISZ, BRIAN P		NAME	N/A
STREET ADDRESS	3322 HICKORYWOOD WAY		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL ~~34689~~ - 34688		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Angela D Pisz 8/27/07

Spoke w/ Angela Pisz Did not Receive Reject letter or second notice