


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90033 003 ***150.00

DOCUMENT # P06000116515	
1. Entity Name 2ND SHIFT SERVICES INC	

60046248



Principal Place of Business 3109 OXFORD DR BRADENTON, FL 34205 FL	Mailing Address 3109 OXFORD DR BRADENTON, FL 34205 FL
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07302008 Chg-P CR2E034 (12/06)

4. FEI Number 20-552 APPLICABLE 7704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CHRISTIAN, FORTNER 3109 OXFORD DR BRADENTON, FL 34205	

7. Name and Address of New Registered Agent	
Name	
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 _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, FORTNER	NAME	
STREET ADDRESS	3109 OXFORD DR	STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34205	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

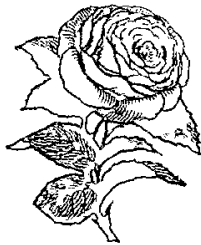
7-31-08

Date

Daytime Phone #

ATTACHMENT

60046248
P06000116515



A Special Note —

*The taxpayer never received
his original annual report.
It was sent to the wrong address.*

*R H'U
941 742 2343*

ATTACHMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

60046248
#P06000116515

NOTICE OF INTENT TO DISSOLVE

0367103 01 SP 0.260 **SNGLP T8 0 1203 34210

2ND SHIFT SERVICES INC

841 NFE 1 1071 00 06/29/07
NOTIFY SENDER OF NEW ADDRESS
: 2ND SHIFT SERVICES INC
4714 27TH ST W
BRADENTON FL 34207-1723
EC: 34207172314 *1869-00762-29-01

Wrong
date

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **P06000116515**

2ND SHIFT SERVICES INC
4525 LAJOLLA DR
BRADENTON FL 34210

Note: This is not a change
to the address of record.



2007
CR2E095 - 2nd 3/07

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.