

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132248

Entity Name: THE SHULER GROUP, INC.

FILED
Feb 01, 2008
Secretary of State

Current Principal Place of Business:

748 LAKESIDE DR.
MOBILE, AL 36693 US

New Principal Place of Business:

273 AZALEA RD
SUITE 2-204
MOBILE, AL 36609 US

Current Mailing Address:

748 LAKESIDE DR.
MOBILE, AL 36693 US

New Mailing Address:

273 AZALEA RD
SUITE 2-204
MOBILE, AL 36609 US

FEI Number: 20-5769068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULER, PAUL
2475 E NINE MILE RD.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SHULER, PAUL
Address: 748 LAKESIDE DR.
City-St-Zip: MOBILE, AL 36693 US

Title: VP/D () Delete
Name: SPIKES, KENNY
Address: 748 LAKESIDE DR.
City-St-Zip: MOBILE, AL 36693 US

Title: T () Delete
Name: WEIS, MEREDITH
Address: 748 LAKESIDE DR.
City-St-Zip: MOBILE, AL 36693 US

Title: S () Delete
Name: RUTZ, NANCY
Address: 748 LAKESIDE DR.
City-St-Zip: MOBILE, AL 36693 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVA HEYEN

A

02/01/2008

Electronic Signature of Signing Officer or Director

Date