

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90033 029 \*\*\*150.00

DOCUMENT # P07000036617

1. Entity Name

SHAVEROUTLET, INC.



Principal Place of Business  
3961 RIDGEWOOD DRIVE  
TITUSVILLE FL 32796  
US

Mailing Address  
3961 RIDGEWOOD DRIVE  
TITUSVILLE FL 32796  
US



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

4. FF# Number

20-8683430

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCMENEMY, BRUCE CPA~~  
~~300 N. RONALD REAGAN BLVD.~~  
~~SUITE 308~~  
~~LONGWOOD FL 32750~~  
Brian Rector  
3961 Ridgewood Dr.  
Titusville FL 32796

Name: Brian Rector  
Street Address (P.O. Box Number is Not Acceptable): 3961 Ridgewood Dr.  
City: Titusville FL Zip Code: 32796

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)

3/3/08  
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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: P  
NAME: RECTOR, BRIAN  
STREET ADDRESS: 3961 RIDGEWOOD DRIVE  
CITY-ST-ZIP: TITUSVILLE FL 32796

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/08 321-698-2162