2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054778

ESTERO, FL 33928

City-St-Zip:

Entity Name: SHIRWARD. INC

FILED Mar 21, 2009 Secretary of State

Entity Name: Shirward, Inc.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
20399 TAL ESTERO, I	ON TRACE FL 33928 US	6				
Current Mailing Address:			New Maili	New Mailing Address:		
JOHN M. WICKER PO DRAWER 60205 FORT MYERS, FL 33906 US			PO DRAW	C/O JOHN M. WICKER, P.A. PO DRAWER 60205 FORT MYERS, FL 33906 US		
FEI Number:	26-0140175	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
FORT MYE	V BRITTANY BL ERS, FL 33907 named entity su	ÚS	urpose of changing i	ts registered off	ïce or registered agent, or both,	
SIGNATUR	RE:					
El4: 0		Signature of Registered Ager	nt		Date	
		Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () E SHIRK, GEORGE 20399 TALON TR ESTERO, FL 339	ACE	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E WARD, RALPH C 12572 STONE VA FORT MYERS, F	ALLEY LOOP	Title: Name: Address: City-St-Zip:	V (X) C WARD, RALPH C 12572 STONE VA FORT MYERS, F	ALLEY LOOP	
Title: Name: Address: City-St-Zip:	DS () E WARD, DEBORA 12572 STONE VA FORT MYERS, F	ALLEY LOOP	Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address:	T () E SHIRK, BONITA F 20399 TALON TR		Title: Name: Address:	() (Change () Addition	

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.

City-St-Zip:

SIGNATURE: GEORGE R. SHIRK DP 03/21/2009