

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019031

Entity Name: SHAW IT, INC.

FILED  
Jan 30, 2009  
Secretary of State

## Current Principal Place of Business:

12995 S. CLEVELAND AVE.  
FORT MYERS, FL 33907

## New Principal Place of Business:

8320 WHISKEY PRESERVE CIRCLE  
APT 333  
FORT MYERS, FL 33919

## Current Mailing Address:

12995 S. CLEVELAND AVE.  
FORT MYERS, FL 33907

## New Mailing Address:

8320 WHISKEY PRESERVE CIRCLE  
APT 333  
FORT MYERS, FL 33919

FEI Number: 26-2085681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: VELLA, SARA R  
Address: 12995 S. CLEVELAND AVE.  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VELLA, SARA R  
Address: 8320 WHISKEY PRESERVE CIRCLE #333  
City-St-Zip: FORT MYERS, FL 33919

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: SARA VELLA

D

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date