

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P33609

1. Entity Name

SHANER OPERATING CORP.



Principal Place of Business

1965 WADDLE ROAD
STATE COLLEGE PA 16803-2215
US

Mailing Address

1965 WADDLE ROAD
STATE COLLEGE PA 16803-2215
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1379569

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, ROBERT
1617 N. FIRST ST
JACKSONVILLE BEACH FL 32250

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 \$150.00

After May 1, 2004 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

TITLE CVD
NAME SHANER, LANCE T. ☐ Delete
STREET ADDRESS 1965 WADDLE RD
CITY-ST-ZIP STATE COLLEGE PA 16803

TITLE PD
NAME SHANER, FRED J. ☐ Delete
STREET ADDRESS 1965 WADDLE RD
CITY-ST-ZIP STATE COLLEGE PA 16803

TITLE S
NAME HULBURT, PETER K ☐ Delete
STREET ADDRESS 1965 WADDLE RD
CITY-ST-ZIP STATE COLLEGE PA 16803

TITLE T
NAME GRIFFIN, JOHN B ☐ Delete
STREET ADDRESS 1965 WADDLE RD
CITY-ST-ZIP STATE COLLEGE PA 16803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U00000060300
STREET ADDRESS 02/23/04-80034-016 150.00
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fredrick J. Shaner

Fredrick J. Shaner

2/16/04

814-234-4460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #