

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000013427

1. Entity Name
29TH STREET ENTERPRISES, INC.



Principal Place of Business
4811 NW 13TH AVENUE
POMPANO BEACH, FL 33064 US

Mailing Address
4811 NW 13TH AVENUE
POMPANO BEACH, FL 33064 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAURER, PATRICIA A
4811 NW 13TH AVENUE
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1000000380084
01/10/06-80047-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAURER, PATRICIA A
STREET ADDRESS 4811 NW 13TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE D
NAME SHANK, THOMAS L
STREET ADDRESS 401 PORPOISE POINT DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

TITLE D
NAME SHANK, JAMES T
STREET ADDRESS 1108 COUNCIL STREET, APT. B
CITY-ST-ZIP FLATWOODS, KY 41139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia A Maurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2006 804/822-4242
Date Daytime Phone #