


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000013427</b>	
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



01042007 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 <input type="checkbox"/> \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**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	

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01/10/07-80008-003 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #