


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-30-2008 90041 047 ***150.00

DOCUMENT # P93000043798 1. Entity Name SHIVER GLASS COMPANY	
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Principal Place of Business 12 NE 3RD ST. FLORIDA CITY, FL 33034	Mailing Address 12 NE 3RD ST. FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE

66002120



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0435804	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIVER, R.S. 10 NE 3 ST FLORIDA CITY, FL 33034
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**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:  **DAN SHIVER** **1-25-08**
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIVER, SUE 12 NE 3RD ST. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHIVER, DAN 12 NE 3RD ST. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIVER, R S 12 NE 3RD ST. FLORIDA CITY, FL 33034
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:  **2-29-08 305-246-8058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66002120

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2008

SHIVER GLASS COMPANY
12 NE 3RD ST.
FLORIDA CITY, FL 33034

Subject: **SHIVER GLASS COMPANY**

Reference Number: **P93000043798**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/aw

ANNUAL REPORTS SECTION

*This was received
2/29/08 + sent back
immediately*

P.O. BOX 6327 - Tallahassee, Florida 32314.