


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000056696	
1. Entity Name CHARLES SHANE, P.A.	

Principal Place of Business 3740 SOUTH OCEAN BLVD #306 HIGHLAND BEACH, FL 33487 US	Mailing Address 3740 SOUTH OCEAN BLVD #306 HIGHLAND BEACH, FL 33487 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0428599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHANE, CHARLES
3740 SOUTH OCEAN BLVD
APT #306
HIGHLAND BEACH, FL 33487**

**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, 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	SHANE, CHARLES 3740 SOUTH OCEAN BLVD, #306 HIGHLAND BEACH, FL 33487
TITLE DIR	SHANE, MARY M 3740 S OCEAN BLVD #306 HIGHLAND BCH, FL 33487
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

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02/09/07-80037-009 150.00

**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: Charles Shane **CHARLES SHANE** 01-18-07 761-447-6683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #