

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033268

Entity Name: SHEAR HAPPENINGS, INC.

FILED  
Mar 22, 2007  
Secretary of State

## Current Principal Place of Business:

6947 MERRILL ROAD  
JACKSONVILLE, FL 322772684

## New Principal Place of Business:

P. O. BOX 11508  
JACKSONVILLE, FL 32216

## Current Mailing Address:

P.O. BOX 11508  
JACKSONVILLE, FL 32239

## New Mailing Address:

FEI Number: 59-3239557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMLIN, NORMA  
12966 BEARPAW PLACE  
JACKSONVILLE, FL 32246      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAMLIN, NORMA G  
Address: 12966 BEARPAW PLACE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: ARNOLD, PHYLLIS  
Address: 5084 LOSCO RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: BRANCH, GWENDOLYN L  
Address: 6114 KELLOW DR  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN L. BRANCH

D

03/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date