FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2005 8:00 am
Secretary of State
05-18-2005 90029 050 ***150.00

DOCUMENT # P05000053870

1. Entity Name
Shannon Interiors
dba Ostrageous Bargains

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2. Principal Place of Business	3. Mailing Address
6250 NW 23rd Street	6250 NW 23rd Street
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc. Suite 8
City & State Gville, FL	City & State Gville, FL
Zip 32653 Country U.S.	Zip 32653 Country U.S.

4. FEI Number 59-3338535 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jimmy Williams / C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 4424 NW 13th Street

City: Gainesville FL Zip Code: 32609

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: X Cathy R Shannon
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: President	TITLE:
NAME: Cathy Shannon	NAME:
STREET ADDRESS: 6250 NW 23rd St, Ste 8	STREET ADDRESS:
CITY-ST-ZIP: Gville, FL 32653	CITY-ST-ZIP:
TITLE: Vice President	TITLE:
NAME: Michael Shannon	NAME:
STREET ADDRESS: 3921 NW 97th Blvd	STREET ADDRESS:
CITY-ST-ZIP: Gville, FL 32606	CITY-ST-ZIP:
TITLE: Secretary	TITLE:
NAME: Margaret Rivers	NAME:
STREET ADDRESS: 3931 NW 97th Blvd	STREET ADDRESS:
CITY-ST-ZIP: Gville, FL 32606	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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CITY-ST-ZIP:	CITY-ST-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Cathy R Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #