

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000000803**

1. Entity Name  
**SHIVER PROPERTIES, INC.**



Principal Place of Business  
**12 NE 3RD ST.**  
**FLORIDA CITY, FL 33034**

Mailing Address  
**12 NE 3RD ST.**  
**FLORIDA CITY, FL 33034**



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0635366</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SHIVER, ROY D**  
**345 SW 4TH ST**  
**HOMESTEAD, FL 33034**

**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 \_\_\_\_\_

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

000000830301  
 02/26/08-80078-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHIVER, ROY S SR.
STREET ADDRESS	760 S.W. 6TH TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL 33034

TITLE	D
NAME	SHIVER, ROY DAN
STREET ADDRESS	760 S.W. 6TH TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL 33034

TITLE	
NAME	
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CITY-ST-ZIP	

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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:** Roy D Shiver Co. Owner  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-08 305-244-8050  
 Date Daytime Phone #