

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028420

Entity Name: SHOFFLER ENTERPRISES, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

2708 SW 45TH ST
CAPE CORAL, FL 33914 US

New Principal Place of Business:

1613 ORCHID BLVD
#303
CAPE CORAL, FL 33904 US

Current Mailing Address:

2708 SW 45TH ST
CAPE CORAL, FL 33914 US

New Mailing Address:

1613 ORCHID BLVD
#303
CAPE CORAL, FL 33904 US

FEI Number: 65-0654742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOFFLER, GLENN A
2708 SW 45TH STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

SHOFFLER, GLENN A
1613 ORCHID BLVD
#303
CAPE CORAL, FL 33904 US

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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHOFFLER, GLENN A
Address: 2708 SW 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D () Delete
Name: SHOFFLER, PAM A
Address: 2708 SW 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHOFFLER, GLENN A
Address: 1613 ORCHID BLVD #303
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D (X) Change () Addition
Name: SHOFFLER, PAM A
Address: 1613 ORCHID BLVD #303
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify 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: GLENN SHOFFLER

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date