


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000066854 1. Entity Name SHIVER YBOR INVESTMENTS, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 1617 E 8TH AVE TAMPA, FL 33605 US | Mailing Address 1915 REPUBLICA DE CUBA TAMPA, FL 33605 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3397737 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent LECHNER, BERNARD J 1243 LAKEVIEW ROAD CLEARWATER, FL 34616 |
|---|

**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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000675750 03/30/07-80031-014 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SHIVER, JULIUS J 1915 N. 14TH ST. TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SHIVER, TESSA G 1915 N. 14TH ST. TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SHIVER, DAMON C 1915 N. 14TH ST. TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS 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:  **Damon C Shiver** 3-19-07 8132484545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #