

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000037831

1. Entity Name

KEN SHAMBLIN BUILDERS, INC.



Principal Place of Business
1401 BELL SHOALS ROAD
BRANDON FL 33511

Mailing Address
1401 BELL SHOALS ROAD
BRANDON FL 33511



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

1401 Bell Shoals Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number 59-3447289

Applied For
Not Applicable

Zip

33511

Country

U.S.A.

Zip

33511

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARON LEE SHAMBLIN
1401 BELL SHOALS ROAD
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	V SHAMBLIN, STEPHEN 1401 BELL SHOALS ROAD BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P SHAMBLIN, KENNETH 1401 BELL SHOALS ROAD BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T SHAMBLIN, SHARON 1401 BELL SHOALS ROAD BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S ELDRIDGE, GEORGE 11509 E. DR. M.L.K. BLVD. MANGO FL 33550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY ST ZIP	UD00000610287 02/02/07-80016-010 158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sharon Lee Shamblin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-07 (813) 685-9047
Date Daytime Phone #