


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90017 005 ***158.75

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
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2. Principal Place of Business - No P.O. Box # 11806 Michigan St	3. Mailing Address 11806 Michigan St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEFFNER, FL	City & State SEFFNER, FL
Zip 33584	Country USA

02042008 Chg-P CR2E034 (12/06)

4. FEI Number -59-3447289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHARON LEE SHAMBLIN 1401 BELL SHOALS ROAD BRANDON, FL 33511	
- 11806 Michigan St SEFFNER, FL 33584	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	ADDRESS CHANGE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1607 Emerald Hill Way Valrico, FL 33594
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	ADDRESS CHANGE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11806 Michigan Street Seffner, FL 33584
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	ADDRESS CHANGE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11806 MICHIGAN ST SEFFNER, FL 33584
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Sharon Shamblin **2-04-08 (813) 924-2404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #