

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000003952

1. Entity Name

SHAWN CHASE INTERIORS, INCORPORATED



Principal Place of Business

2558 S.W. BEVERLY ST.
PORT ST. LUCIE, FL 34953

Mailing Address

2558 S.W. BEVERLY ST.
PORT ST. LUCIE, FL 34953



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0804204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIOTT, MARK E
2558 S.W. BEVERLY ST.
PORT ST. LUCIE, FL 34953

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000537532
05/09/06-80021-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	ELLIOTT, MARK E
STREET ADDRESS	2558 S.W. BEVERLY ST.
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953
TITLE	PD
NAME	HOWARD, BILLY W
STREET ADDRESS	2558 S.W. BEVERLY ST.
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark E Elliott

Date

3/10/06 772 871-1817

Daytime Phone #