

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000031050

1. Entity Name
EURO SHINE U.S.A., INC.



Principal Place of Business
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613

Mailing Address
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3505915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, HEATHER G
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613

Name
VAN STYN, INGO

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

13359 CHAMBORD STREET

BROOKSVILLE

FL

34613

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)

X 06-13-07

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VAN STYN, HERBERT E
2096 MAXIMILLIAN AVENUE
SPRING HILL, FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800104883119
06/26/07--01037--005 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CRAWFORD, HEATHER G
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
VAN STYN, INGO
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

INGO VAN STYN

X 6-13-07

Date

352-596-4551

Daytime Phone

FILED

2007 JUN 19 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

