

ORIGINAL**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 17, 2005 08:00 AM
Secretary of State**DOCUMENT # P98000031797**1. Entity Name
SHAFF & TURNER, INC.Principal Place of Business
**239 S. DIXIE HWY W
POMPANO BEACH, FL 33060**Mailing Address
**239 S. DIXIE HWY W
POMPANO BEACH, FL 33060**

03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
58-2391922
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SHAFF, MARTIN
239 S. DIXIE HWY W
POMPANO BEACH, FL 33060****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, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHAFF, MARTIN D
12312 NW 26TH STREET
POMPANO BEACH, FL 33065**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
TURNER, ARTHUR B
4222 NE 5TH AVENUE
OAKLAND PARK, FL 33334**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**3/15/05 954-941-0700**
Date Daytime Phone #**DO NOT WRITE
IN THIS SPACE**1100000286540
03/17/05-80035-005 150.00