


ORIGINAL

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000031797 1. Entity Name SHAFF & TURNER, INC.	
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Principal Place of Business 239 S. DIXIE HWY W POMPANO BEACH, FL 33060	Mailing Address 239 S. DIXIE HWY W POMPANO BEACH, FL 33060
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03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2391922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAFF, MARTIN 239 S. DIXIE HWY W POMPANO BEACH, FL 33060
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**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

**U000000474692
04/04/06-80033-022 150.00**

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-ZIP	
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

3/15/06

954-941-0700

Date

Daytime Phone #