

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054881

Entity Name: SHAWN FITZGERALD, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

5895 HIDDEN OAKS LANE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

5895 HIDDEN OAKS LANE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3516622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, SHAWN
5895 HIDDEN OAKS LANE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FITZGERALD, SHAWN
Address: 5895 HIDDEN OAKS LANE.
City-St-Zip: NAPLES, FL 34119

Title: VTD () Delete
Name: FITZGERALD, KELLIE
Address: 5895 HIDDEN OAKS LANE.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN FITZGERALD

PSD

05/01/2008

Electronic Signature of Signing Officer or Director

Date