

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057650

Entity Name: PALMETTO SHAPING, INC.

FILED  
Apr 08, 2011  
Secretary of State

**Current Principal Place of Business:**

2902 ISABELLA BLVD  
SUITE 50  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

1210 PINE ISLAND RD  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

P O BOX 328  
PONTE VEDRA BECH, FL 32004

**New Mailing Address:**

FEI Number: 59-3518965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEED, ROBERT C JR  
2902 ISABELLA BLVD  
SUITE 50  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

WEED, ROBERT C JR  
1210 PINE ISLAND RD  
ST AUGUSTINE, FL 32095 US

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

04/08/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEED, ROBERT C JR  
Address: 1210 PINE ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: ST  
Name: MATTHEWS, MICHAEL A  
Address: 1210 PINE ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VP  
Name: MONTI, CHRISTOPHER  
Address: 1210 PINE ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A MATTHEWS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

04/08/2011

\_\_\_\_\_  
Date