## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 08, 2007 08:00 AM **DOCUMENT # P98000081543** Secretary of State SMS POTTERY, INC. Principal Place of Business Mailing Address SHAPIRO'S SHAPIRO'S 185 SECOND AVENUE NORTH **185 SECOND AVENUE NORTH** SAINT PETERSBURG, FL 33701 US SAINT PETERSBURG, FL 33701 US CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3542686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAPIRO, SUSAN DO NOT WRITE **6601 22ND WAY SOUTH** SAINT PETERSBURG, FL 33712 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SHAPIRO, SUSAN M STREET ADDRESS 6601 22ND WAY S CITY-ST-ZIP SAINT PETERSBURG, FL 33712 TITLE NAME SHAPIRO, MICHAEL S STREET ADDRESS 6601 22ND WAY S SAINT PETERSBURG, FL 33712 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 appreciate the information contains 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 appreciate the information indicated on this report 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 appreciate the information indicated on the information in

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