

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90030 041 ***150.00

DOCUMENT # P99000045465

1. Entity Name

FLORIDA SHADE SAILS, INC.

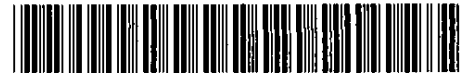


Principal Place of Business

3512 E. MARITANA DRIVE
ST. PETERSBURG BEACH FL 33706

Mailing Address

3512 E. MARITANA DRIVE
ST. PETERSBURG BEACH FL 33706



2. Principal Place of Business - No P.O. Box #

3512 E. MARITANA DR. 3512 E. MARITANA DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETE BCH., FLA.

Zip

33706

Country

U.S.A.

City & State

ST. PETE BCH., FLA.

Zip

33706

Country

U.S.A.

4. FEI Number

59-3582872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MYERS, ROBERT J ESQ.
1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
PSTD
PRICE, WILLIAM A
3512 E. MARITANA DRIVE
ST. PETERSBURG BEACH FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William A Price William A. PRICE

4-26-07 727 360-4234