## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

DOCUMENT # \$29189 1. Entity Name							Mar 07, 2005 08:00 A Secretary of State				
SHANER	R'S, INC.										
Principal Plac	ce of Busines	\$	Ma	ailing Address		<u> </u>	1				
3578 CLARK RD SARASOTA FL 34231				3578 CLARK RD SARASOTA FL 34231							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State				City & State			4. FEI Numb	<sup>oer</sup> 65-0252310	)	\- <del></del>	oplied For ot Applicable
Zip	Country			qŭ	ntry	5. Certificate	e of Status Desired		8.75 Add	ditional	
	6. Name	and Address of	Current Regist	ered Agent		Nome	7. Name an	d Address of New R	egistered Ag	ent	
RAWLEY, SHANE 3578 CLARK RD SARASOTA FL 34-231¢						Name Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34-231¢						-	,				
						City			FL	Zip Cod	le
8. The above the obliga	e named entity itions of regist	submits this state ered agent.	ement for the p	urpose of changing it	s register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE	Supported Decord	or printed name of regist	and seem and life f	Alexander (Alexander)			<u> </u>	· · · · · · · · · · · · · · · · · · ·			·
F		! FEE IS \$150	<del></del>	approacie (NO		d Agent signature required	when reinstating)	<u> </u>	DATE		<u> </u>
After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State								<ol> <li>9. Election Campa</li> <li>Trust Fund Conf</li> </ol>			00 May Be ed to Fees
10.	K Payable to	The second secon	ment of State RS AND DIREC	0.46	11.	· ,	ADDITIONS	CHANGES TO OFFI	CEDS AND D	IBECTOR	SINIT
TITLE	Р		<u></u>	☐ Delete	IITL		ADDITION	70,124,025,10 0,11		☐ Change	Addition
NAME STREET ADDRESS	RAWLEY, S				NAM STRE	ECT ADDRESS					
CITY-ST-ZIP	SARASOTA		<u> </u>			-\$1-ZIP		U000002  -02/07/05-80	5376U 1046-017	<u>' 150.</u>	
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NAME STREET ADDRESS					MAM Pate	E ET ADORESS					
CITY-51-ZIP						-ST-ZIP					
TITLE	}		<del>-</del>	☐ Delete	nin				[	Change	Addition
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CITY-ST-ZIP	partif, the state	inform at 1	Handa salah salah salah	[ ] A.		-ST-ZIP		// Paris   20   10   10   10   10   10   10   10		W + 22 - 2	<del>,</del>
indicated of the cor changed,	certify that the lon this repor rporation or th , or on an atta	micrination supp for supplemental e receiver of trust chment with an ac	ned with this filli report is true an ee empowered ddress, with all	g does not availify to id accurate and that to execute this report other like empowered	er the exer my signat t as requit l.	mption stated in Sei ture shall have the s red by Chapter 607	ะชอก 119.07(3) same legal effe , Florida Statute	(i), Florida Statutes, I ct as if made under o es, and that my name	turther certify ath, that I am appears in B	that the ir an officer lock 10 or	or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Mar 07, 2005 08:00 AM

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