2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # \$84476 Mar 01, 2006 08:00 AM 1. Entity Name **Secretary of State** SHORE AND COUNTRY CONSTRUCTION, INC. Principal Place of Business. Mailing Address 128 DAYTON ROAD 128 DAYTON ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite Ant. #. etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 65-0287588 Not Applicable Country Country \$8.75 Additional Ζŧρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. Dignature, lyped or printed name of registered agent and tale if applicable DATE (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change 🔲 Addilin Detete TILLE MAME NAME FEDOR, MICHAEL P. U00000452390 STREET ADDRESS STREET ADDRESS 128 DAYTON ROAD 03/11/06-80025-006 150.00 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE VD Delete THLE Change Additi-NAME FEDOR, DOUGLAS F. STREET ADDRESS STREET ADDRESS 1767 HOLLYWOOD RD CITY - ST- ZIP CITY-ST-ZIP WELLINGTON FL 33414 D Detete ☐ Change THILE ST NAME FEDOR, DOUGLAS F. STREET ADDRESS STREET ADDRESS 1767 HOLLYWOOD RD CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete ☐ Change Addition TITLE TITLE. MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additio Delete TITLE ☐ Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Change Addiiii THLE ☐ Delete HANG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 thystee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

ke empowered

SIGNATURE: 4

DOUGLAS