2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT #S85021

1. Entity Name

SHANNON PARK PROPERTIES, INC.

Principal Place of Business	Mailing Address
99 ROYSTER DR. CRAWFORDVILLE FL 32327 US	99 ROYSTER DR. CRAWFORDVILLE FL 32327 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3092069 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, W. TAYLOR
223 JOHN KNOX RD.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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 acc the obligations of registered agent.

SIGNATURE [signature] 3/24/06

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, 2006 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 Fee

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	NICHOLS, J. HOWARD	
STREET ADDRESS	99 ROYSTER DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	☐ Delete
NAME	STRICKLAND, W. DALLAS	
STREET ADDRESS	10679 LAKE IAMONIA DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	☐ Delete
NAME	RAINEY, R. BARTOW	
STREET ADDRESS	2325 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS	U00000484008	
CITY-ST-ZIP	04/12/06-80023-002 150.00	
TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
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 inform 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 dire 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 Bloc if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/24/06