

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 585021	
1. Entity Name SHANNON PARK PROPERTIES, INC.	

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

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

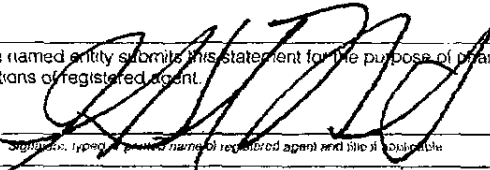
6. Name and Address of Current Registered Agent

**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 accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when registering)
DATE **3/24/06**

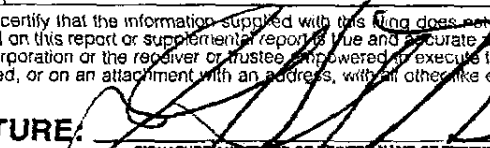
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **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 LAMONIA 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 ☐ Add
NAME	
STREET ADDRESS	000000484008
CITY-ST-ZIP	04/12/06-B0023-002 150.00
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
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 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:  DATE **3/24/06**