

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000055188

**FILED  
Apr 29, 2016  
Secretary of State  
CC7550195983**

**Entity Name:** BRIAN J SHOOK CORPORATION

**Current Principal Place of Business:**

3938 CINCINNATI STREET  
NORTH PORT, FL 34286

**Current Mailing Address:**

3938 CINCINNATI STREET  
NORTH PORT, FL 34286 US

**FEI Number:** 47-4403757

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOOK, BRIAN J  
3938 CINCINNATI STREET  
NORTH PORT, FL 34286 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIR  
Name            SHOOK, BRIAN J  
Address        3938 CINCINNATI STREET  
City-State-Zip: NORTH PORT FL 34286

Title            P  
Name            SHOOK, BRIAN J  
Address        3938 CINCINNATI STREET  
City-State-Zip: NORTH PORT FL 34286

Title            SEC  
Name            SHOOK, BRIAN J  
Address        3938 CINCINNATI STREET  
City-State-Zip: NORTH PORT FL 34286

Title            TRE  
Name            SHOOK, BRIAN J  
Address        3938 CINCINNATI STREET  
City-State-Zip: NORTH PORT FL 34286

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN J SHOOK

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date