


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 513953

1. Entity Name
SHEA CONSTRUCTION, INC.



Principal Place of Business Mailing Address

2371 PINWOOD LANE 2371 PINWOOD LANE
 WEST PALM BEACH, FL 33415-7329 WEST PALM BEACH, FL 33415-7329

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1691395 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEA, DENNIS H.
 2371 PINWOOD LANE
 WEST PALM BEACH, FL 33415

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000310023
 04/16/05-80059-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEA, DENNIS H. 2371 PINWOOD LANE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEA, TIFFINY L. 2371 PINWOOD LANE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERUCKI, DEBRA L. 4500 CORNICHE CIRCLE #11 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Tiffany L. Shea* (Tiffany L. Shea - Secretary/Director 4-14-05 561-967-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #