

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**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**



03182008 No Chg-P ... CR2E034 (11/05)

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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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

000000905812  
 05/01/08 0000000002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEA, DENNIS H.
STREET ADDRESS	2371 PINWOOD LANE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	SD
NAME	SHEA, TIFFINY L.
STREET ADDRESS	2371 PINWOOD LANE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	TD
NAME	SHEA, JENNIFER L
STREET ADDRESS	7865 NW 47TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Tiffiny L. Shea / Tiffany L. Shea*      4-13-08      (561)967-2207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #