


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H74341**  
 1. Entity Name  
**SHAFER'S CLASSIC REPRODUCTIONS, INC.**



Principal Place of Business  
**5407 24TH AVE SOUTH  
 TAMPA, FL 33619 US**

Mailing Address  
**5407 24TH AVE SOUTH  
 TAMPA, FL 33619 US**

**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2581833**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MANEY, RICHARD HENRY  
 101 E KENNEDY BLVD  
 STE 3170  
 TAMPA, FL 33602**

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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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFER, WARREN L PRES 301 10TH AVENUE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAFER, PATRICIA M V. PRES 301 10TH AVENUE EAST PALMETTO, FL 34221
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 04/26/05-80087-019 150.00

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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)(i), 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: *Patricia M. Shafer* **3/11/05** **813-628-0092**  
DATE DAYTIME PHONE #

PSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR