


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State


02-02-2004 90026 026 ***150.00

DOCUMENT # P02000028376	
1. Entity Name STEPHANIE L. SHAW REALTY, INC.	

Principal Place of Business 1301 N TAMiami TR SARASOTA, FL 34236-2402	Mailing Address 370 B GULF OF MEXICO DR #422 LONGBOAT KEY, FL 34228-4047
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 2100 SOUTH TAMiami TRAIL Suite, Apt. #, etc. 100 City & State SARASOTA FL Zip 34239-3803
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24000000



01212004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0566930	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAW, STEPHANIE L 370 B GULF OF MEXICO DR., #422 LONGBOAT KEY, FL 34228-4047	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHAW, STEPHANIE L 370 B GULF OF MEXICO DR., #422 LONGBOAT KEY, FL 342284047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 SOUTH TAMiami TRAIL #100 SARASOTA, FL 34239-3803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephanie L Shaw **STEPHANIE L SHAW** 1/23/04 941-366-7667

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