

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90553 027 ***150.00

**2005 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000066649	
1. Entry Name ANITA SHAW RECRUITING, INC.	

Principal Place of Business 111 NE 48TH AVENUE OCALA, FL 34470	Mailing Address PO BOX 2048 SILVER SPRINGS, FL 34489
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20030144



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1436125	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHAW, ANITA L
 111 NE 48TH AVENUE
 OCALA, FL 34470

**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 _____

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 SHAW, ANITA L 111 NE 48TH AVENUE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, STEVEN M 111 NE 48TH AVENUE OCALA, FL 34470
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #