


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90015 030 ***158.75

DOCUMENT # P02000070262

1. Entity Name
 SHYANNE, INC.



Principal Place of Business
 2 NORTH PALAFOX STREET
 PENSACOLA, FL 32504

Mailing Address
 2 NORTH PALAFOX STREET
 PENSACOLA, FL 32504

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip 32502 Country

Zip 32502 Country



01122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
 2 NORTH PALAFOX STREET
 PENSACOLA, FL 32504

4. FEI Number
 06-1642880

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code 32502

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, SCOTT J 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TREHERN, E. EDWARD 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, DANA R 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLAN, JOHN J JR 2 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: Scott J. Bell 1/12/04 850-430-0187

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