

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90091 047 ***150.00



DOCUMENT # P03000010460 1. Entity Name SHAGMEISTER, INC.	
Principal Place of Business 974 PINE TREE DR. INDIAN HARBOUR BEACH FL 32937 US	Mailing Address 974 PINE TREE DR. INDIAN HARBOUR BEACH FL 32937 US
2. Principal Place of Business 463 Timberlake Drive Suite, Apt. #, etc.	3. Mailing Address 463 Timberlake Drive Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State Melbourne, FL	City & State Melbourne, FL	4. FEI Number 02-0670578	Applied For <input type="checkbox"/> Not Applicable
Zip 32940	Country USA	Zip 32940	Country USA

6. Name and Address of Current Registered Agent WILLMOTT, IAN T 974 PINE TREE DR. INDIAN HARBOUR BEACH FL 32937	7. Name and Address of New Registered Agent Name Willmott, Ian T. Street Address (P.O. Box Number is Not Acceptable) 463 Timberlake Drive City Melbourne FL Zip Code 32940
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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 **Ian T. Willmott** DATE **4/13/04**

(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 Make Check Payable to Florida Department of State	(Address Changes Only)	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	P WILLMOTT, KARA R	<input type="checkbox"/> Delete	TITLE	P Willmott, Kara R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	974 PINE TREE DR.		NAME	463 Timberlake Drive	
STREET ADDRESS	INDIAN HARBOUR BEACH FL 32937		STREET ADDRESS	Melbourne, FL 32940	
CITY-ST-ZIP			CITY-ST-ZIP		
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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: **Ian T. Willmott** DATE **4/13/04** Daytime Phone # **321-255-5397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR