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2004 FOR PROFIT CORPORATIO ANNUAL REPORT	N	Mar 31, 2004 8:00 am Secretary of State
MENT # P03000080423		03-31-2004 90005 042 ***150 00

DOCUMENT # P03000080423 1. Entity Name SH5, INC.							03-31-2004	4 90005 0	42 ***15	0.00
Principal Place of Business Mailing Address								. ^		
506 FLEMING KEY WEST, FI						t Kund litil bait kan sa		02445		
2. Principal P	ncipal Place of Business 3. Mailing Address									
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				03262004	Chg-P	CR2E03	34 (10/03)		
City & State	е		City & Stat	е		4. FEI Numb	1-06243	50	· · · · · · ·	plied For t Applicable
Zip	Country Zip Cou			Country	5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Age	nt	Name	7. Name and	d Address of New F	Registered A	gent	
SPOTTSW	/OOD. RC	DBERT A			INAITHE					
506 FLEMING STREET KEY WEST, FL 33040			Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	.
		ty submits this statement fo dered agent.	r the purpose of	changing its regi	stered office or reg	istered agent, or bo	oth, in the State of Fl		<u>l</u> amiliar with, :	and accept
SIGNATURE_	Signature types	d or printed name of registered agent	end title il annliceble	(NOTE: Ran	istered Agent signature re	ruind when rejectation		DATE		
	oignature, typet	To printed haine of registered agent	and the II applicable.	(NOTE, Neg	pstered Agent signature re	doise wien reinstating)	Т	DATE		
		FEE IS \$150.00 4 Fee will be \$550.0	_	ction Campaign F st Fund Contribut		\$5.00 May Be Added to Fees				
10.		OFFICERS AND			11.	ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME	D SPOTTS	WOOD, ROBERT A	L	Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	506 FLEA				STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	506 FLEN	WOOD, WILLIAM B MING ST ST, FL 33040	C] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOTTS 506 FLEM	WOOD, JOHN M JR] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3130 NO	RANDY W JR RTHSIDE DR ST, FL 33040	Ε	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
changed	, or on an att	ne information supplied with ort or supplemental report is the receiver or trustee emp tachment with an addless,	this filing does true and accura owered to execu with all other like	not qualify for the ate and that my si te this report as re empowered.	exemption stated ignature shall have equired by Chapte		o(i), Florida Statutes. ct as if made under es; and that my nam Date	I further certi oath; that I a ne appears in	fy that the in m an officer Block 10 or	formation or director Block 11 if
SIGNAT	UNE: _	SIGNATURE AND TYPED OR I	PRINTED NAME OF SI	GNING OFFICER OR D	IRECTOR	3/2	Date 7	Da	iytime Phone #	