

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000031941

**FILED  
Jul 04, 2005  
Secretary of State**

**Entity Name:** SHAFFER WHOLESAL E DISTRIBUTORS, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

5415 W HOMOSASSA TR  
LECANTO, FL 34461

**Current Mailing Address:**

**New Mailing Address:**

5415 W HOMOSASSA TR  
LECANTO, FL 34461

**FEI Number:** 59-3316339      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SHAFFER, DEBORAH  
5415 W HOMOSASSA TR  
LECANTO, FL 34461    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHAFFER, DEBORAH  
Address: 2435 WATERSEDGE DR.  
City-St-Zip: CRYSTAL WATER, FL 34429

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: SHAFFER, DOUGLAS  
Address: 2435 WATERSEDGE DR.  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH SHAFFER

PRES

07/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date