2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091530

1. Entity Name
SHAFFER BUILDING REPAIR, INC.

FILED
Jan 07, 2004 08:00 AM
Secretary of State

Principal Place of Business

980 NINTH STREET BOCA GRANDE, FL 33921-0292 Mailing Address

POST OFFICE BOX 292 BOCA GRANDE, FL 33921-0292



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 65-0706985

> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, THOMAS P 980 NINTH STREET BOCA GRANDE, FL 33921-0292

C07Y-537-71P

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	offi, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tille	d applicable (NOTE, Registered Ag	ent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	ig 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	OTORS			
title name street adoress city-st-zip	PVP SHAFFER, THOMAS P 980 9TH ST BOCA GRANDE, FL 33921			•	<u> </u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHAFFER, SUSAN K 980 9TH ST BOCA GRANDE, FL 33921				UI/07/04-88884-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• ····
TITLE NAME STREET ADDRESS					

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 507, 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: SUJAN K. SHAFFIN 1 5/04 94/964-243