
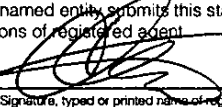



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90496 029 \*\*\*150.00

<b>DOCUMENT # P99000042182</b>					
1. Entity Name <b>SHAHEEN AND SONS, INC.</b>					
Principal Place of Business RT 14 BOX 219 LAKE CITY, FL 32024			Mailing Address PO BOX 3663 LAKE CITY, FL 32056		
2. Principal Place of Business <b>489 SW DOCKERY LANE</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE CITY, FL</b>		City & State		4. FEI Number <b>59-3573436</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>32056</b>	Country <b>USA</b>	Zip	Country	04292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAHEEN, CHRISTOPHER RT 14 BOX 219 LAKE CITY, FL 32024			Name <b>SHAHEEN, CHRISTOPHER</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>489 SW DOCKERY LANE</b>		
			City <b>LAKE CITY</b> FL Zip Code <b>32056</b>		
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 		<b>CHRISTOPHER SHAHEEN</b>		DATE <b>4-29-2005</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHAHEEN, CHRISTOPHER</b>	NAME	<b>SHAHEEN, CHRISTOPHER</b>		
STREET ADDRESS	<b>RT 14 BOX 219</b>	STREET ADDRESS	<b>489 SW DOCKERY LANE</b>		
CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>	CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		<b>CHRISTOPHER SHAHEEN</b>		Date <b>4-29-2005</b> (386) 752-4109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	