

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90123 044 ***150.00

DOCUMENT # P04000109376

1. Entity Name
SHANNON DESIGN & CONSTRUCTION, INC.



Principal Place of Business
223 1/2 8TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250 US

Mailing Address
223 1/2 8TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250 US

2. Principal Place of Business
307 9th Ave. South
Suite, Apt. #, etc.

3. Mailing Address
307 9th Ave. South
Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip
32250

Country
USA

Zip
32250

Country
USA

04142005 Chg-P CR2E034 (10/03)

4. FEI Number ☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Patricia J. Shannon

Street Address (P.O. Box Number is Not Acceptable)
307 9th Ave. South

City
Jacksonville Beach FL

Zip Code
32250

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 Patricia J. Shannon (NOTE: Registered Agent signature required when reinstating)

4/28/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SHANNON, PATRICIA J
223 1/2 8TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
TIBBETTS, JEFFERY A
223 1/2 8TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Patricia J. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 904-708-3971
Date Daytime Phone #