


2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 AUG -2 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. ECKE AUG 02 2005

DOCUMENT # P01000068484	
1. Entity Name SHADY & SHANNAN, INC.	

Principal Place of Business 2126 34TH NW WINTER HAVEN, FL 33881	Mailing Address 100 EAGLE POINT BLVD. AUBURDALE, FL 33823
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

07072005 Chg-P CR2ED04 (10/03)

4. FEI Number 59-3729075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent IBRAHIM, HOUDA N 100 EAGLE POINT BLVD. AUBURDALE, FL 33823	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

6. 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 _____ DATE _____
Signature typed or printed name of registered agent and 15% if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEB 18 8:55:00 Due by September 7, 2008	<input type="checkbox"/> Election, Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fee	In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS: (see s. 607.02)		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete IBRAHIM, HOUDA N 100 EAGLE POINT BLVD. AUBURDALE, FL 33823	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X. T. [Signature] **TANIOS, BESILE** 7-7-05 **MANNING**
SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date