

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000080423

**Entity Name:** SH5, INC.**Current Principal Place of Business:**506 FLEMING STREET  
KEY WEST, FL 33040**Current Mailing Address:**506 FLEMING STREET - C/O KENNETH DOOLEY  
KEY WEST, FL 33040 US**FEI Number:** 81-0624350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPOTTSWOOD, ROBERT A  
506 FLEMING STREET  
KEY WEST, FL 33040 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**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name SPOTTSWOOD, ROBERT A  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR, VP  
Name SPOTTSWOOD, WILLIAM B  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR, VP  
Name SPOTTSWOOD, JOHN M JR.  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title VP, SECRETARY  
Name SPOTTSWOOD, WILLIAM B JR.  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title TREASURER  
Name MOORE, RANDY W  
Address 506 FLEMING ST  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name SPOTTSWOOD, ROBERT A JR.  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT A SPOTTSWOOD**PRESIDENT****04/30/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date