

2015 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 LUZ ARMENDARIZ
KEY WEST, FL 33040**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	DP
Name	SPOTTSWOOD, ROBERT A
Address	506 FLEMING ST
City-State-Zip:	KEY WEST FL 33040

Title	DVT
Name	SPOTTSWOOD, WILLIAM B
Address	506 FLEMING ST
City-State-Zip:	KEY WEST FL 33040

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

Title	AS
Name	WEBB, ROBERT J
Address	506 FLEMING STREET
City-State-Zip:	KEY WEST FL 33040

Title	SENIOR VP
Name	MOORE, RANDY W
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****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date