2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # 148154** SHOREWOOD CORPORATION Principal Place of Business Mailing Address 106 E. MAIN ST. 106 E. MAIN ST. P.O. BOX 248 P.O. BOX 248 WAUCHULA, FL 33873 WAUCHULA, FL 33873 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-6062285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CREWS, J. W., JR. DO NOT WRITE 129 GRIFFIN ROAD P.O. BOX 248 IN THIS SPACE WAUCHULA, FL 33873 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DST TITLE CREWS, H. DENNISTON 404 VANDERBILT ROAD STREET ADDRESS CITY-ST-ZIP ASHEVILLE, NC DΡ TITLE U000000335814 CREWS JR.J W NAME 04/27/05-80100-020 150.00 STREET ADDRESS 129 GRIFFIN ROAD WAUCHULA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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ANDTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

TWCROUSTR 4/85/05

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