

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 338531

FILED  
Jul 13, 2005  
Secretary of State

Entity Name: SHIVER BROTHERS INC

**Current Principal Place of Business:**

3617 W. 90  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

3617 W. 90  
LAKE CITY, FL 32055 US

**New Mailing Address:**

FEI Number: 59-1226258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIVER, JAMES C  
RT 3 BOX 620  
MAYO, FL 32066 US

**Name and Address of New Registered Agent:**

SHIVER, JAMES C  
3705 W. 90  
MAYO, FL 32066 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: JAMES C. SHIVER

07/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SHIVER, JAMES C,  
Address: RT 3 BOX 620  
City-St-Zip: MAYO, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: SHIVER, JAMES C,  
Address: 3705 W 90  
City-St-Zip: MAYO, FL, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES C. SHIVER

VD

07/13/2005

Electronic Signature of Signing Officer or Director

Date