

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90008 046 ***150.00



DOCUMENT # 613649
 1. Entity Name
SHAWNEE COMPANY, INC.

Principal Place of Business Mailing Address
10800 HWY 98 W **2923 HOLLEY PT RD**
PENSACOLA, FL 32506 US **NAVARREE, FL 32566 US**

2. Principal Place of Business 3. Mailing Address
10800 HWY 98 W **10800 HWY 98 W**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola, FL **Pensacola, FL**
 Zip Country Zip Country
32506 **USA** **32506** **USA**

08092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
SIMS, GEORGE W
131C
2923 HOLLEY PT RD
NAVARRE, FL 32566

4. FEI Number Applied For
59-1892698 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *George W. Sims* Pres. (NOTE: Registered Agent signature required when reinstating) DATE: **8-17-05**

FILE NOW!!! FEE IS \$150.00- Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMS, GEORGE W	
STREET ADDRESS	2923 HOLLEY PT RD	
CITY-ST-ZIP	NAVARRE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George W. Sims* **George W. Sims** **8-17-05** **882-453-6747**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #