



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90034 016 ****61.25

DOCUMENT # 715313 1. Entity Name EGYPT SHRINE HOLDING CORPORATION, INC.					
Principal Place of Business 4050 DANA SHORES DR TAMPA, FL 33634 US			Mailing Address 4050 DANA SHORES DR TAMPA, FL 33634 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03152005 Chg-NP CR2E037 (10/03)	
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number 59-1236183	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For (Not Applicable)	
6. Name and Address of Current Registered Agent DENNIS MCDERMOTT 6610 N. BLVD. TAMPA, FL 33604			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 _____ (NOTE: Registered Agent signature required when renating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROCHA, JAMES R 519 HUMPHRIES RD. SAFETY HARBOR, FL 346954921		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR COLESTOCK, TOM 1901 DOVE FIELD PLACE BRANDON, FL 335102217		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MCDERMOTT, DENNIS 6610 NORTH BLVD TAMPA, FL 33604		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRE PLANK, FREDRIC R 6336 BALMY LANE ZEPHYRHILLS, FL 33540		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDWARDS, THOMAS M II 12207 GLENCLIFF CIRCLE TAMPA, FL 33626		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'DELL, JAMES JR 4842 JUANITA COURT CLEARWATER, FL 337646681		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Dennis H. McDermott Date	
				813-884-8381 Daytime Phone #	