

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90663 046 ***150.00

DOCUMENT # F96000004669

1. Entity Name
SHAW RETAIL PROPERTIES, INC.



Principal Place of Business
**616 E WALNUT AVE
DALTON, GA 30722-2128 US**

Mailing Address
**PO DRAWER 2128
MAIL DROP 061-04
DALTON, GA 30722-2128**

94081055



02042004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2242176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS, CARL P	
STREET ADDRESS	6014 WOODS POINT	
CITY-ST-ZIP	ROCKY FACE, GA 30740	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DOBBINS, CHARLES N	
STREET ADDRESS	1904 WYCLIFF	
CITY-ST-ZIP	DALTON, GA 30720	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EMBRY, GERALD R	
STREET ADDRESS	1708 VIOLET WAY	
CITY-ST-ZIP	DALTON, GA 30720	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, KENNETH G	
STREET ADDRESS	5536 MOUNTAIN BREEZE DR	
CITY-ST-ZIP	CHATTANOOGA, TN 37421	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Frederick L. Hopper III	
STREET ADDRESS	1235 Arabian Drive	
CITY-ST-ZIP	Dalton, GA 30720	
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	PD	<input type="checkbox"/> Change <input checked="" 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: *Frederick L. Hopper III* **GERALD R. EMBRY** 4/26/04 (706) 278-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #