


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006764</b> 1. Entity Name SHI, INC.	
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Principal Place of Business 2020 APALACHEE PKWY TALLAHASSEE, FL 32301	Mailing Address 2020 APALACHEE PKWY TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3236665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PATEL, KANTILAL B  
2020 APALACHEE PKWY  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 retreating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV PATEL, RAKESHK 959 LONE FEATHER DR TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATEL, JASHU K 959 LONE FEATHER DR TALLAHASSEE, FL 32311
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01/23/04-80009-004 150.00

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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:**  **RAKESH PATEL** 1/20/04 850-877-4437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #