2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # H15216							Secretary of State
1. Entity Name DAVID SHAW'S SERVICE, INC.							Secretary of State
	·						
Principal Place of Business			Mailing Address				
C/O DAVID F. SHAW 18515 E. HIGHWAY 50 ORLANDO FL 32820			C/O DAVID F. SHAW 18515 E. HIGHWAY 50 ORLANDO FL 32820				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt #, etc.				MOORE CR2E034 (11/03)
City & State			City & State			4.	FE! Number 59-2441919 Applied For Not Applied be
Zip	Zip Country		Zip Cour		itry	5. Certificate of Status Desired S8.75 Additional Fee Required	
ļ	ed Agent	 -	Name	7.	Name and Address of New Registered Agent		
SHAW, DAVID F.					Street Address (P.O. Box Number is Not Acceptable)		
18515 E. HIGHWAY 50 ORLANDO FL 32820							
					City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registe					ed office or regist	ered ag	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature regulated when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					7.		Election Campaign Financing Trust Fund Contribution. Added to Fees
10.	OFF	ICERS AND DIRECTO	DRS	11.		A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP SHAW, DAVID F.		☐ Delete	TSTL NAM	- 1		☐ Change ☐ Addition
STREET ADDRESS	18515 E. HIGHWAY 50			STRE	EET ADDRESS		000000032614 02/05/04-80010-024 150.00
CSTY-SI-ZIP TITLE	ORLANDO FL		☐ Delete	CHIV	r-sr-zip		☐ Change ☐ Addition
NAME				NAM	E		
STREET ADDRESS CITY-ST-ZIP			مور د		EET ADORESS -ST-ZIP		
TITLE NAME			☐ Delete	TITLE MAM	1		☐ Change ☐ Addition
STREET ADDRESS				STRE	TET ADDRESS		
CITY-ST-ZIP TITLE		<u> </u>	☐ Delete	CITY	-ST-ZIP		☐ Change ☐ Addifion
NAME .			☐ petete	NAM	E .		E onange E Assumen
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CITY-ST-ZIP				CITY	-SI-ZIP		
TITLE NAME			Delete	TETLE NAM	1		Change Addition
STREET ADDRESS				STRE	ET ADDRESS		
CITY-ST-ZIP	certify that the information s	upplied with this filing	does not qualify for		-ST-ZIP motion stated in S	Section	119,07(3)(i), Florida Statutes, I further certify that the information
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 effort as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chaptered or on an attachment of the corporation of the receiver or trustee empowered to execute this effort is the first of the corporation of the receiver or trustee empowered to execute this effort is the first of the corporation of the receiver or trustee empowered to execute this effort is the corporation of the receiver or trustee empowered to execute this effort is the corporation of the receiver or trustee empowered to execute this effort is the corporation of the receiver or trustee empowered to execute the execute this effort is the corporation of the receiver or trustee empowered to execute this effort is the corporation of the receiver or trustee empowered to execute the execute this effort is the corporation of the receiver of the receiver of the corporation of the receiver of the re							
changed, or on an attachment with an address, with all other like impowered.							

FILED

DAVID F. SHAW 1-31-04 407-568-2611