

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # H52444	
1. Entity Name SHUMAKE'S CUSTOM BOAT TOPS, INC.	

Principal Place of Business % PETER N. PALERMO 4501 W. OSBORNE AVENUE TAMPA FL 33614	Mailing Address % PETER N. PALERMO 4501 W. OSBORNE AVENUE TAMPA FL 33614
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2520455	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent
PALERMO, PETER N. 4501 W. OSBORNE AVENUE TAMPA FL 33614

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	--	------

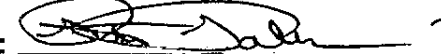
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST PALERMO, PETER N. 1602 MAGDALENE MANOR DR TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 	Peter Palermo	4/9/05	813 877 2899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #