

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 17, 2012  
Secretary of State**

DOCUMENT# L44560

Entity Name: SHAW CONSTRUCTION AND MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

% LINDA K. SHAW  
386 PINE TREE RD  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

**New Mailing Address:**

% LINDA K. SHAW  
386 PINE TREE RD  
LAKE MARY, FL 32746 US

FEI Number: 59-2992420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SHAW, LINDA K.  
386 PINE TREE RD  
LAKE MARY, FL 32746 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: SHAW, LINDA K.  
Address: 386 PINE TREE RD  
City-St-Zip: LAKE MARY, FL

Title: VD  
Name: SHAW, TERRY L  
Address: 386 PINE TREE RD  
City-St-Zip: LAKE MARY, FL

Title: VPD  
Name: SHAW, RYAN N  
Address: 530 E. CENTRAL BLVD CONDO 706  
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA K. SHAW

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05/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date