## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M92371

Entity Name: SHAW SECURITIES, INC.

HYDE, TERRY

592 FRANK SHAW DR.

TALLAHASSEE, FL 32312

Name:

Address: City-St-Zip: FILED Jul 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4024 NORTH MERIDIAN RD. TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 4024 NORTH MERIDIAN RD. TALLAHASSEE, FL 32312 FEI Number: 59-2902699 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, FRANK, III 4024 NORTH MERIDIAN RD. TALLAHASSEE, FL 32312 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHAW, FRANK, JR., Name: Name: 4024 N. MERIDIAN RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: SHAW, SARAH, Name: 4024 N MERIDIAN RD Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition HYDE, SALLY, Name: Name: 592 FRANK SHAW DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition SHAW, FRANK, III, Name: Name: Address: 3520 THOMASVILLE RD. 4TH FLOOR Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK SHAW, JR. CD 07/03/2007