


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90153 022 ***150.00

DOCUMENT # P00000059520 1. Entity Name WILLIAM H. SHAW BUILDING & RENOVATIONS, INC.					
Principal Place of Business PMB 193 226 SOLANO RD SUITE 5 PONTE VEDRA BEACH, FL 32082			Mailing Address PMB 193 226 SOLANO RD SUITE 5 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3655775			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHAW, WILLIAM H 56 FRANKLIN AVE PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 623 10th Place S City State Zip Code Jacksonville Beach FL 32250	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHAW, WILLIAM H 56 FRANKLIN AVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 10th Place S Jacksonville Beach FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAW, VALERIE H 56 FRANKLIN AVE PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William H. Shaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5/15/06</u> Daytime Phone #: <u>(904) 608-4685</u>		

P00000059520

ATTACHMENT

50020929

William H. Shaw

Award-Winning Builder of
Innovative Homes & Distinctive Renovations

DIV. OF CORP.

P.O. BOX 1500

TALLAHASSEE FL. 32302-1500

5/30/06

TO WHOM IT MAY CONCERN:

AFTER SPEAKING WITH ONE OF YOUR
STAFF MEMBERS. I AM SENDING MY CK.
FOR 150.00.

SHE TOLD ME THAT I COULD GO
AHEAD AND SEND THE 150.00 EVEN
THOUGH IT IS LATE.

I JUST GOT OUT OF HOSPITAL HAVING
3/4 OF MY LEFT LUNG REMOVED. I'M JUST
NOW GETTING AROUND TO TAKING CARE OF
SEVERAL OF MY BUSINESS MATTERS.

I HOPE YOU WILL ACCEPT THIS CK. UNDER
THE ABOVE CIRCUMSTANCES.

SINCERLY

W.H. Shaw