

FILED
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Secretary of State

07-02-2004 90004 023 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000064535



1. Entity Name
DOREEN SHAW REALTY, INC.

Principal Place of Business: 106 W. 7TH AVE, MT. DORA, FL 32757
Mailing Address: 106 W. 7TH AVE, MT. DORA, FL 32757

54059707



06302004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3658697
Applied For Not Applicable

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

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

6. Name and Address of Current Registered Agent
JOHNSON, GLADYS E
2742 E. DELLWOOD DR
EUSTIS, FL 32726

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Applicable): _____
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: _____ (Printed name of registered agent and the Florida State Secretary of State Agent signature (if not the same)) DATE: _____

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
NAME	POSITION	TITLE	NAME
SHAW, DOREEN	PD	NAME	
410 SASSAFRAS LANE		STREET ADDRESS	
MT. DORA, FL 32757		CITY, ST, ZIP	
SHAW, PETER	V	TITLE	
410 SASSAFRAS LANE		NAME	
MOUNT DORA, FL 32757		STREET ADDRESS	
		CITY, ST, ZIP	
		TITLE	
		NAME	
		STREET ADDRESS	
		CITY, ST, ZIP	
		TITLE	
		NAME	
		STREET ADDRESS	
		CITY, ST, ZIP	
		TITLE	
		NAME	
		STREET ADDRESS	
		CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption outlined in Section 119.07(3)(c), 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 by the attachment with an address, with all other like empowered.

SIGNATURE: Doreen Shaw 6/30/2004

SIGNATURE

STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA