

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000098664

1. Entity Name
SHAUGHNESSY REALTY COMPANY



Principal Place of Business
7700 N. KENDALL DR. SUITE 304
MIAMI, FL 33156

Mailing Address
7700 N. KENDALL DR. SUITE 304
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08042005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1048579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAUGHNESSY, MICHAEL W
7700 N. KENDALL DR. SUITE 304
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name Robert W. Shaughnessy

Street Address (P.O. Box Number is Not Acceptable)

7700 N. Kendall Drive, Suite 304

City Miami

FL

Zip Code 33156

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.

Robert W. Shaughnessy

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$600.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE O
NAME SHAUGHNESSY, MICHAEL W
STREET ADDRESS 12120 SW 68 COURT
CITY-ST-ZIP MIAMI, FL 33156 ☒ 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 O
NAME Robert W. Shaughnessy
STREET ADDRESS 7700 N. Kendall Drive, Suite 304
CITY-ST-ZIP Miami, FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Shaughnessy

Date

Daytime Phone #

FILED

05 AUG -9 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8/5/05 (305) 665-3000