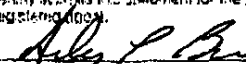
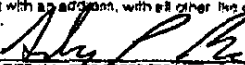


FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90210 035 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000108748			
1. Entity Name SHOWER UNITS PLUS, INC.			
Principal Place of Business 5130 S DALE MABRY UNIT 111 TAMPA, FL 33611		Mailing Address 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710	
2. Principal Place of Business		3. Mailing Address 5130 S. Dale Mabry	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 111	
City & State		City & State Tampa FL	
Zip	Country	Zip	Country
33611		Hillsborough	
4. FEI Number 59-3702507		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCATEE, CAROL 5401 CENTRAL AVE ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent ANTONY BECKER 5130 S. Dale Mabry Suite 111 Tampa FL 33611	
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 registration.			
SIGNATURE: 		DATE: 4/19/04	
9. Election Commission Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete BECKER, ANTHONY 5130 S DALE MABRY UNIT 111 TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition BECKER, ANTHONY 5130 S. DALE MABRY UNIT 111 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 has 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 (changed, or on an attachment with an addition, with all other like empowered).			
SIGNATURE: 		DATE: 4/19/04	