04/19/2004 12:47 7275815305 PINELLAS TAX

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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	Mailing Address
5130 S DALE MABRY UNIT 111 TAMPA, FL 33611	5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710

04192004 Chg-P CR2E034 (10/03)

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 33611	Country 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

Name: Antony Becker
Street Address (P.O. Box Number is Not Acceptable): 5130 S. Dale Mabry Suite 111
City: Tampa FL Zip Code: 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 registered agent.

SIGNATURE [signature] 4/19/04 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BECKER, ANTHONY 5130 S DALE MABRY UNIT 111 TAMPA, FL 33611	☐ Delete	BECKER ANTONY 5130 S. Dale mabry unit 111 TAMPA, FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #