


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 028 ***150.00

DOCUMENT # P00581
 1. Entity Name
SHANNON PROPERTIES, INC.



Principal Place of Business Mailing Address
660 BEAVER CREEK CIRCLE **PO BOX 931**
MAUMEE OH 43537 **TOLEDO OH 43697**
US **US**

94015573



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
1480 Ford St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Maumee OH

Zip Country Zip Country
43537

4. FEI Number Applied For
34-1402624 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	MARTH, LETITIA	
STREET ADDRESS	1801 RICHARDS RD.	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARNARD, NEAL B	
STREET ADDRESS	1801 RICHARDS RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULAWA, TERESA	
STREET ADDRESS	1801 RICHARD RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SNELL, WYNDOLYN	
STREET ADDRESS	660 BEAVER CREEK CIRCLE	
CITY-ST-ZIP	MAUMEE OH 43537	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEHAM, JOSEPH A	
STREET ADDRESS	1801 RICHARDS RD.	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BISHOP, PAUL J	
STREET ADDRESS	1801 RICHARDS ROAD	
CITY-ST-ZIP	TOLEDO OH 43607	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1480 Ford St	
CITY-ST-ZIP	Maumee OH 43537	
TITLE	Director, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodney Filcek	
STREET ADDRESS	4500 Dorr St.	
CITY-ST-ZIP	Toledo OH 43615	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1480 Ford St	
CITY-ST-ZIP	Maumee, OH 43537	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1480 Ford St	
CITY-ST-ZIP	Maumee, OH 43537	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4500 Dorr St.	
CITY-ST-ZIP	Toledo OH 43615	

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: *Wyndolyn Snell* 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #