2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000066600

1. Entity Name
SHANNOW, INC.

Principal Place of Business	Mailing Address
904 WOODCLIFF AVE	904 WOODCLIFF AVE
TAMPA, FL 33613	TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

02152004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3738432		Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, MICHAEL
904 WOODCLIFF AVE
TAMPA, FL 33613

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00** | 9. Election Campaign Financing | **$5.00** May Be | |
| **After May 1, 2004 Fee will be $550.00** | Trust Fund Contribution. ☐ | Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, MICHAEL
STREET ADDRESS	904 WOODCLIFF AVE
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	VP
NAME	KELLY, CELINE M
STREET ADDRESS	904 WOODCLIFF AVE
CITY-ST-ZIP	TAMPA, FL 33613

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02/23/04-80036-025 150.00

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ MICHAEL Smith ___ 2-16-04   813-2301536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #