

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 OCT 15 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P01000091224</b>			
<b>1. Entity Name</b> SHIELDS ENVIRONMENTAL INC.			
<b>Principal Place of Business</b> 4150 CHURCH STREET 1012 SANFORD, FL 32771 US		<b>Mailing Address</b> 4150 CHURCH STREET 1012 SANFORD, FL 32771 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10112004	Chg-P	CR2E034 (10/03)
<b>4. FEI Number</b> 59-3746461		Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<del>INTRASTATE-REGISTERED-AGENT-CORP.</del> 200 S ORANGE AVE SUITE 2600 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GIBBS, ANTIONETTE M <input type="checkbox"/> Delete 4150 CHURCH STREET, 1012 SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gibbs, Antoinette M 4150 Church St, 1012 Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Delete ESMONT, THOMAS 4150 CHURCH STREET, 1012 SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHIELDS, GORDON 4150 CHURCH STREET, 1012 SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  900041904369 10/15/04--01072--006 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROCKER, ARTHUR 4150 CHURCH STREET, 1012 SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **Antoinette M. Gibbs** 10/11/04 (407) 936-0025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #