

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90001 007 \*\*\*150.00

<b>DOCUMENT # P01000120953</b> 1. Entity Name <b>SHEA'S PRO SHOP INC.</b>																																																			
Principal Place of Business <b>6310 103RD STREET JACKSONVILLE, FL 32210</b>		Mailing Address <b>5900 TOWNSEND ROAD APT 1335 JACKSONVILLE, FL 32244</b>																																																	
2. Principal Place of Business <b>12548 Wages Way West</b> Suite, Apt. #, etc.		3. Mailing Address <b>12548 Wages Way West</b> Suite, Apt. #, etc.																																																	
City & State <b>Jacksonville, FL</b> Zip <b>32218</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32218</b> Country <b>USA</b>																																																	
4. FEI Number <b>01-0549479</b>		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  <b>PIERSCHKE, REINHARD H 5900 TOWNSEND ROAD APT 1335 JACKSONVILLE, FL 32244</b>		7. Name and Address of New Registered Agent Name <b>Pierschke, Reinhard H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12548 Wages Way West</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32218</b>																																																	
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 <b>Reinhard H. Pierschke</b> DATE <b>6/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           P PIERSCHKE, REINHARD H 5900 TOWNSEND ROAD, #1335 JACKSONVILLE, FL 32244         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERSCHKE, REINHARD H 5900 TOWNSEND ROAD, #1335 JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <b>DIS/TFP</b>  <b>Pierschke, Reinhard H.</b>  <b>12548 Wages Way West</b>  <b>Jacksonville, FL 32218</b> </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIS/TFP</b> <b>Pierschke, Reinhard H.</b> <b>12548 Wages Way West</b> <b>Jacksonville, FL 32218</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <b>Reinhard H. Pierschke</b> DATE <b>6/1/04</b> DAYTIME PHONE # <b>904-241-2533</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																			

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