

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 020 ***150.00

DOCUMENT # P02000028376 1. Entity Name STEPHANIE L. SHAW REALTY, INC.					
Principal Place of Business 1301 N TAMiami TR SARASOTA, FL 34236-2402			Mailing Address 2100 SOUTH TAMiami TRAIL # 100 SARASOTA, FL 34239-3803		
2. Principal Place of Business 6903 WESTCHESTER CIRCLE Suite, Apt. #, etc.		3. Mailing Address 6903 WESTCHESTER CIRCLE Suite, Apt. #, etc.		50005081 	
City & State LAKEWOOD RANCH FL		City & State LAKEWOOD RANCH FL		4. FEI Number 02-0566930	
Zip 34202		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, STEPHANIE L 370 B GULF OF MEXICO DR., #422 LONGBOAT KEY, FL 34228-4047				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6903 WESTCHESTER CIRCLE City LAKEWOOD RANCH FL Zip Code 34202	
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 STEPHANIE L SHAW  DATE 1/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <input type="checkbox"/> Delete SHAW, STEPHANIE L 2100 SOUTH TAMiami TRAIL # 100 SARASOTA, FL 342393803		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6903 WESTCHESTER CIRCLE LAKEWOOD RANCH, FL 34202	
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	
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)(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: STEPHANIE L. SHAW  DATE 1/17/05 DAYTIME PHONE # 941-544-3770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					