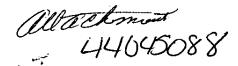
.2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

| 1. Entity Name | SHMENT SERVICES, | | | | | 05-06-200 | 90191 | 013 ***] | 150.00 |
|--|--|---|------------------------|----------------------|-----------------------------|-------------------|-------------|---|------------|
| Principal Place of Business 210 SCHOONER LANE DUCK KEY, FL 33050 | | Mailing Address PO BOX 550213 MARATHON, FL 3305 | | | | | 440 | 4508 | 8 |
| 2. Principal Place | of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 04212004 | Chg-P | | 34 (10/03) | |
| City & State | | City & State | | | 4. FEI Number | | | Ar | oplied For |
| Zip | Zip Country Zip | | . Count | try | 51-0422 5. Certificate o | f Status Desired | | \$8.75 Add | |
| 6. | Name and Address of Currer | nt Registered Agent | | | 7. Name and A | Address of New R | egistered / | • | <u> </u> |
| | | | | Name | | | | | |
| WAGNER, SHARON LESECY 210 SCHOONER LANE DUCK KEY, FL 33050 | | | - | Street Addres | ss (P.O. Box Number | is Not Acceptable | <u></u> | 1 | |
| | : | , | | City | | | FL | Zip Cod | e |
| SIGNATURE Signat | ure, typed or printed name of registered age DWIII FEE IS \$150.00 , 2004 Fee will be \$550 | | aign Finan | cing _ \$ | S5.00 May Be dided to Fees | | DATE | | |
| 10. | | D DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 |
| STREET ADDRESS 210 CITY-ST-ZIP DUI TITLE VSI | GNER, HARRY J SCHOONER LANE CK KEY, FL 33050 | Delete | | ET ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| STREET ADDRESS 210 | GNER, SHARON L SCHOONER LANE CK KEY, FL 33050 | | 1 | ET ADDRESS ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP | | □ Delete | | | | | | Change . | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | era a na nagana ang ang ang ang ang ang an | Deleiu | | ET ADDRESS ST-ZIP | | | • | _ Change | . Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | , | ☐ Delete | TITLE NAME STREE | T ADDRESS | | | | Change | Addition |

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.





Division of Corporations

Annual Report

Page 1

Document Number

| FEI Number | 510422746 | | | | | |
|--|---|--|--|--|--|--|
| FEI Number Status | Applied For Not Applicable Current | | | | | |
| Certificate of Status Des | sired Yes No \$8.75 each | | | | | |
| Pri | incipal Place of Business | | | | | |
| Address | 210 SCHOONER LANE | | | | | |
| Suite, Apt. #, etc. | · | | | | | |
| City, State | DUCK KEY FL | | | | | |
| Zip Code & Country | 33050 | | | | | |
| Suite, Apt. #, etc. City, State Zip Code & Country | | | | | | |
| Name An Name (Last, First, Middle, Title) | nd Address of Registered Agent WAGNER SHARON L SECY | | | | | |
| -or- RA Business Name | THOMES GOILLON L G GOEOT | | | | | |
| Address | 210 SCHOONER LANE | | | | | |
| Suite, Apt. #, etc. | | | | | | |
| | DUCK KEY FL | | | | | |
| City, State | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | |

own RA.

Registered Agent Signature