

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90016 030 \*\*\*150.00

**DOCUMENT # P02000097318**

1. Entity Name

SOUTHPORT 77, INC.



Principal Place of Business

9126 NORTH MCCANN RD  
SOUTHPORT FL 32409

Mailing Address

PMB 177, 1812 S HWY 77 #115  
LYNN HAVEN FL 32444

2. Principal Place of Business

104 MOONLIGHT DR

Suite, Apt. #, etc.

3. Mailing Address

19211 PANAMA CITY BEACH PKWY

Suite, Apt. #, etc.

PMB #177



MOORE

CR2E034 (11/03)

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH FL

4. FEI Number

35-2181359

Applied For

Not Applicable

Zip

32413

Country

BAY

Zip

32413

Country

BAY

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBERT J STOPKA, III, PA  
108 MOSLEY DR  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

BRENT A. SHAW PRESIDENT

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SHAW, BRENT  
STREET ADDRESS 9126 N. MICHIGAN RD.  
CITY-ST-ZIP SOUTH PORT FL 32409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME SHAW BRENT  
STREET ADDRESS 104 MOONLIGHT DR  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE S/V ☐ Change ☒ Addition  
NAME JANINE C. SHAW  
STREET ADDRESS 104 MOONLIGHT DR.  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

BRENT A. SHAW PRESIDENT BRENT A. SHAW 2/2/04 850/624/9298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #