


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104079 1. Entity Name GREGORY S. SHAW, INC.	
---	---

Principal Place of Business 16431 WINBURN PLACE SARASOTA, FL 34240-9228	Mailing Address 16431 WINBURN PLACE SARASOTA, FL 34240-9228
---	---

DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0716351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAW, GREGORY S 16431 WINBURN PLACE SARASOTA, FL 34240-9228
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105689 04/07/04-80035-019 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAW, GREGORY S 16431 WINBURN PLACE SARASOTA, FL 342409228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHAW, LENETTE F 16431 WINBURN PLACE SARASOTA, FL 342409228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Lenette Shaw, Sec. Treas.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/3/04 Date	941-371-3502 Daytime Phone #
---	----------------	---------------------------------