

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075490

Entity Name: SHANTONY, INC.

FILED
Oct 01, 2004
Secretary of State

Current Principal Place of Business:

10263 WHISPERING FOREST DRIVE
815
JACKSONVILLE, FL 32257

New Principal Place of Business:

9354 ALMA ST
JACKSONVILLE, FL 32220

Current Mailing Address:

10263 WHISPERING FOREST DRIVE
815
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX 1442
MACCLENNY, FL 32063

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON, SHANNON P
10263 WHISPERING FOREST DRIVE
815
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

CASON, SHANNON P
9354 ALMA ST
JACKSONVILLE, FL 32220 US

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.

SIGNATURE: SHANNON CASON

10/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASON, SHANNON P
Address: 10263 WHISPERING FOREST DRIVE #815
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: CASON, ANTHONY G
Address: 10263 WHISPERING FOREST DRIVE #815
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASON, SHANNON P
Address: 9354 ALMA ST
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP (X) Change () Addition
Name: CASON, ANTHONY G
Address: 9354 ALMA ST
City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON CASON

PRES

10/01/2004

Electronic Signature of Signing Officer or Director

Date