

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000082971 1. Entity Name SHAMUS MANAGEMENT CORPORATION						FILED 05 SEP 19 PM 1:54 SECRETARY OF STATE 	
Principal Place of Business 1650 W MARION AVE APT 121 PUNTA GORDA FL 33950				Mailing Address 2421 SHREVE STREET, STE 115 PUNTA GORDA FL 33950			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1650 W. MARION #121 PUNTA GORDA FL 33950		4. FEI Number 20-0134118		Applied For <input type="checkbox"/> Not Applicable	
City & State PUNTA GORDA FL		City & State PUNTA GORDA FL		2nd MOORE CR2E034 (5/05)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent HARVEY, EILEEN M 1650 W MARION AVE APT 121 PUNTA GORDA FL 33950			
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 <i>Eileen M. Harvey</i> 9/16/2005 <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 \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP <input type="checkbox"/> Delete NAME HARVEY, EILEEN M STREET ADDRESS 1650 W MARION AVE APT 121 CITY-ST-ZIP PUNTA GORDA FL 33950				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600059797076 STREET ADDRESS 09/21/05--01003--001 CITY-ST-ZIP **150.00			
TITLE DST <input checked="" type="checkbox"/> Delete NAME HARVEY, PATRICK J STREET ADDRESS 1650 W MARION AVE APT 121 CITY-ST-ZIP PUNTA GORDA FL 33950				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Eileen M. Harvey</i> 9/15/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							