

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000086384

1. Entity Name
SHOP-N-SEND, INC.



Principal Place of Business
5901 SUN BOULEVARD
SUITE 113
ST. PETERSBURG, FL 33715

Mailing Address
221 FIRST AVENUE NORTH
P.O. BOX 1954
ST. PETERSBURG, FL 33731
2850 34th ST N.
ST. PETERSBURG, FL 33713

2. Principal Place of Business
5901 SUN BLVD
Ste 113

3. Mailing Address
721 1st AVE N
PO Box 1954

02112004 Chg-P CR2E034 (10/03)



City & State
St Petersburg FL
Zip
33715 Country
Pinellas

City & State
St Petersburg, FL
Zip
33731 Country
Pinellas

4. FEI Number
06-1704147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, RONALD W II
721 FIRST AVENUE NORTH
P.O. BOX 1954
ST. PETERSBURG, FL 33731

Name
MAYELLEN WASKIEWICZ
Street Address (P.O. Box Number is Not Acceptable)
2850 34th St N.
40 The Gift Shelf
City
St. Petersburg FL Zip Code
33713

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: Maryellen Waskiewicz, President 4-12-04
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WASKIEWICZ, MARYELLEN	
STREET ADDRESS	4785 49TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300033722703
STREET ADDRESS	04/23/04--01022--032 **158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Maryellen Waskiewicz 2/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 727-527-4330