2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90022 031 ***150.00

DOCUMENT # P03000087781

1. Entity Name
JOHN SHAW PAINTING, INC.

Principal Place of Business	Mailing Address
4489 N US 1 MELBOURNE, FL 32935	4489 N US 1 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0481752
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, JOHN H
4489 N US 1
MELBOURNE, FL 32935

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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: ARTHUR L. SUTTON Arthur L Sutton 2-11-05
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, 2005 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
NAME	SHAW, JOHN H
STREET ADDRESS	~~4489 N US 1~~ 1630 ELM DR. EAST
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	ST
NAME	SHAW, KATHLEEN S
STREET ADDRESS	~~4489 N US 1~~ 1630 ELM DR. EAST
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	V
NAME	SUTTON, ARTHUR L
STREET ADDRESS	~~4489 N US 1~~ 1630 ELM DR. EAST
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	V
NAME	BUSBEE, MARCY L
STREET ADDRESS	~~4489 N. US 1~~ 1630 ELM DR. EAST
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: KATHLEEN S. SHAW Kathleen Shaw 321-255-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #