2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105510

1. Entity Name
SHAUN CORPORATION



FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90415 042 ***150.00

OFFICE CONTROL								
Principal Place of Business 9524 WEST PARK VILLAGE TAMPA, FL 33626		Mailing Address 9524 WEST PARK VILLAGE TAMPA, FL 33626						
2. Principal Pl	ace of Business	3. Mailing Address	aalus, aavus uudusaan saasaa saasaa saasaa saasaa saasaa saasaa					
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Suite, Apt. #. etc.		Suite, Apt. #, etc.		04152004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number	122184	A _L	oplied For of Applicable	
Zip	Country	Zip	Country		f Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	 		
The second secon			Name	Name				
STEEN, DAVID W 602 S BLVD TAMPA, FL 33606			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
TAIVIPA, FL	. 33000							
	•		City			FL Zip Cod	te	
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registered office or registe	ered agent, or both	, in the State of Flo	ida. Tam familiar with,	, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	court title it amplicable (NCT)	:: Registered Agent signature requir	sed winen rainstation)		DATE		
	авременя, орга в римен паше и гадоваго вистя	анд ше и арумене.	Tristino e a Marin Signature (salari	CO ITINATOR OF THE PROPERTY OF				
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Financing \$5 ribution.	5.00 May Be ided to Fees		·		
10.	, OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TOTUE	DP	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	SHAUN, CHRISTOPHER 9524 WEST PARK VILLAGE		NAME STREET ADDRESS				.	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP					
TITLE	DV	Delete	TITLE			☐ Change	Addition	
NAME	SHAUN, MARIA		NAME					
STREET ADDRESS CITY-ST-ZIF	9524 WEST PARK VILLAGE TAMPA, FL 33626		STREET ADDRESS CITY-ST-ZIP					
TITLE	TANT PART DOOLS	☐ Delete	TITLE			Change	Addition	
NAME			NAME					
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CITY-ST-ZIF		☐ Delete	TITLE	,		☐ Change	Addition	
NAME		E Celaic	NAME				_	
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TITLE NAME	~ .	☐ Delete	TITLE NAME			[_] Sharige	L. Tuganon	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIF .	•		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME CTREET ADDRESS	المرادي		NAME STREET ADDRESS					
STREET ADORESS CITY-ST-ZIP	7		CITY-ST-ZIP				-	
	I certify that the information supplied wit	h this filing closs not qualify fo	r the exemption stated in	Section 119.07(3)(), Florida Statutes.	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 eath; 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:

SHAUN, MARIA

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR