

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90042 017 ***150.00

DOCUMENT # P03000126315

1. Entity Name
STEVE SHEARER CONSTRUCTION, INC.



Principal Place of Business
**2597 COACHMAN DR
 DELTONA, FL 32738**

Mailing Address
**2597 COACHMAN DR
 DELTONA, FL 32738**

50018634



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **57-1193007** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEARER, STEVE
 2597 COACHMAN DR
 DELTONA, FL 32738**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PST**
 NAME **SHEARER, STEVE**
 STREET ADDRESS **2597 COACHMAN DR.**
 CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **VP**
 NAME **SHEARER, MARK**
 STREET ADDRESS **1648 CORDOVA AVE.**
 CITY-ST-ZIP **HOLY HILL, FL 32117**

TITLE
 NAME
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 CITY-ST-ZIP

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 IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 (386)837-1038