

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130734

Entity Name: C.B. SHAW ENTERPRISES, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

12419 SW COUNTY ROAD 769  
LAKE SUZY, FL 34269

## New Principal Place of Business:

2670 S. MCCALL ROAD  
8  
ENGLEWOOD, FL 34224

## Current Mailing Address:

12419 SW COUNTY ROAD 769  
LAKE SUZY, FL 34269

## New Mailing Address:

2670 S. MCCALL ROAD  
8  
ENGLEWOOD, FL 34224

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAW, C B  
12419 SW COUNTY ROAD 769  
LAKE SUZY, FL 34269 US

## Name and Address of New Registered Agent:

SHAW, C B  
2670 S. MCCALL ROAD  
8  
ENGLEWOOD, FL 34224 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHAW, C B  
Address: 12419 SW COUNTY ROAD 769  
City-St-Zip: LAKE SUZY, FL 34269

Title: STD ( ) Delete  
Name: SHAW, LINDA J  
Address: 12419 SW COUNTY ROAD 769  
City-St-Zip: LAKE SUZY, FL 34269

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHAW, C B  
Address: 2670 S. MCCALL ROAD, #8  
City-St-Zip: ENGLEWOOD, FL 34224

Title: STD (X) Change ( ) Addition  
Name: SHAW, LINDA J  
Address: 2670 S. MCCALL ROAD, #8  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA J SHAW

MRS

04/29/2005

Electronic Signature of Signing Officer or Director

Date