


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90444 008 ***158.75

DOCUMENT # P03000138420 1. Entity Name SHANE'S FREIGHT DELIVERY SERVICES, INC.	
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Principal Place of Business 3935 21ST STREET WEST LEIGH ACRES, FL 33971	Mailing Address 3935 21ST STREET WEST LEIGH ACRES, FL 33971
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>310 West Cape Coral Pkwy</i> Suite, Apt. #, etc.
City & State	City & State <i>Cape Coral FL</i>
Zip	Zip <i>33914</i>
Country	Country <i>United States</i>

04302004	Chg-P	CR2E034 (10/03)
4. FEI Number <i>204018290</i>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: *Shane J. Moore*
 Street Address (P.O. Box Number is Not Acceptable): *310 West Cape Coral Pkwy*
 City: *Cape Coral* FL Zip Code: *33914*

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: *Shane J. Moore President* (NOTE: Registered Agent signature required when reorganizing) DATE: *4/30/04*

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, SHANE J 3935 21ST STREET WEST LEIGH ACRES, FL 33971	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MOORE, ROSEANN 3935 21ST STREET WEST LEIGH ACRES, FL 33971	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Roseann Moore* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *4/30/04* DATE DAYTIME PHONE #: *239-980-2729*