


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90026 006 ***158.00

DOCUMENT # P03000143038	
1. Entity Name SHAWN CONSTRUCTION ALUMINIUM SPECIALTY & SIDING CONTRACTOR INC	

Principal Place of Business 1822 WHALEY AVE. PENSACOLA FL 32503	Mailing Address 1822 WHALEY AVE. PENSACOLA FL 32503
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2. Principal Place of Business 1822 Whaley Ave Suite, Apt. #, etc.	3. Mailing Address 1822 Whaley Ave Suite, Apt. #, etc.
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City & State Pensacola FL	City & State Pensacola FL
Zip 32503	Zip 32503
Country ESCAMBIA	Country ESCAMBIA



MOORE CR2E034 (11/03)

4. FEI Number 391085594	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 SHAWN, ANDY 1822 WHALEY AVE. PENSACOLA FL 32503	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: Andy Shawn (NOTE: Registered Agent signature required when reinstating) DATE: 4-10-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	P SHAWN, ANDY 1822 WHALEY AVE. PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Andy Shawn **ANDY SHAWN** 4-10-04 (250) 232-6252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #