2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147498

Entity Name: SHAWN COLLINS, INC

FILED Apr 21, 2005 Secretary of State

Littly Na	IIIC. SHAWIN	SOLLING, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:			
1217 CAPE CORAL PKWY #300 CAPE CORAL, FL 339049604			3634 POINT PLEAS JACKSONVILLE, F		US		
Current Mailing Address:			New Mailing Addr	New Mailing Address:			
1217 CAPE CORAL PKWY #300 CAPE CORAL, FL 339049604				3634 POINT PLEASANT RD JACKSONVILLE, FL 32217 US			
FEI Number	: 20-0576873	FEI Number Applied For()	FEI Number Not Applicable ()	Cen	tificate of Status Desi	ed (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:			
1217 CAP	NTIAL SERVIC E CORAL PKV RAL, FL 33904						
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registe	ered office	or registered agent	t, or both,	
SIGNATUI							
	Electror	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () COLLINS, SHA 3634 POINT PL JACKSONVILLI	EASANT RD	Title: Name: Address: City-St-Zip:	() Char	nge () Addition		
Title: Name: Address: City-St-Zip:	S () COLLINS, ELIZ 3624 POINT PL JACKSONVILLI	EASANT RD	Title: Name: Address: City-St-Zip:	()Char	nge () Addition		
Title: Name: Address: City-St-Zip:	COLLINS, ELIZ	EASANT ROAD	Title: Name: Address: City-St-Zip:	() Char	nge () Addition		

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: ELIZABETH COLLINS T 04/21/2005