

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000004791

1. Entity Name  
SHEILA AN-A ENTERPRISES INC.



FILED

04 OCT -4 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
954 N. DEAN CIRCLE  
DELTONA, FL 32738

Mailing Address  
954 N. DEAN CIRCLE  
DELTONA, FL 32738

2. Principal Place of Business

369 Dickson Ave  
Apt. #, etc.  
Green  
City & State  
FL 32764

3. Mailing Address

369 Dickson Ave  
Suite, Apt. #, etc.  
Osteen  
City & State  
FL

09282004

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0860111

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, SHEILA A  
954 N. DEAN CIRCLE  
DELTONA, FL 32738

369 Dickson Ave  
Deltona  
Osteen FL 32764

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

Sheila A. Campbell

9/20/2004

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CAMPBELL, SHEILA A  
954 N. DEAN CIRCLE  
DELTONA, FL 32738 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/04 407-687  
Date Daytime Phone # 7900