


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 003 ***158.75

DOCUMENT # P04000005162

1. Entity Name
ROBERT SHAFFER CONSTRUCTION SERVICES, INC.



Principal Place of Business
**31724 LAKE VIEW DR
 EUSTIS, FL 32736**

Mailing Address
**P O BOX 66
 LAKE HELEN, FL 32744**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
31724 LAKEVIEW DR
 Suite, Apt. #, etc.
N/A

City & State
EUSTIS FL.

Zip
32736

Country
LAKE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAFFER, ROBERT J JR
 31724 LAKE VIEW DR
 EUSTIS, FL 32736**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, ROBERT J JR 31724 LAKE VIEW DR EUSTIS, FL 32736	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: *Robert J. Shaffer Jr.* Date: April 19, 2004 Daytime Phone #: 386-747-3844