


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000042883	
1. Entity Name J.T. SHAW INC.	

Principal Place of Business 8312 THOR ST. JACKSONVILLE, FL 32216	Mailing Address 8312 THOR ST. JACKSONVILLE, FL 32216
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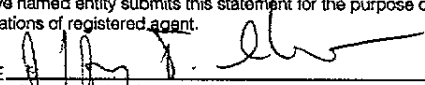
03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0004099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAW, JEFFREY T 8312 THOR ST. JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**


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 	CEO - JEFFREY T. SHAW 4-19-2006 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SHAW, JEFFREY T 8312 THOR ST. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAW, TAMARA K 8312 THOR ST. JACKSONVILLE, FL 32216
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05/04/06-80100-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	JEFFREY T. SHAW 4-19-06 901-891-1919 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #