


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90011 004 ***150.00


DOCUMENT # P04000064223	
1. Entity Name SHOREWEST REALTY CORPORATION	

Principal Place of Business 6525 SUPERIOR AVENUE SARASOTA, FL 34231 US	Mailing Address 6525 SUPERIOR AVENUE SARASOTA, FL 34231 US
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2. Principal Place of Business 1937 GOLF STREET Suite, Apt. #, etc.	3. Mailing Address 1937 GOLF STREET Suite, Apt. #, etc.
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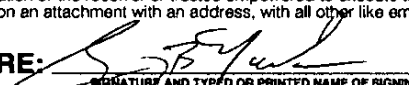
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34236	Country SARASOTA
Zip 34236	Country SARASOTA

6. Name and Address of Current Registered Agent NOWAK, GREGORY B 6525 SUPERIOR AVENUE SARASOTA, FL 34231	
7. Name and Address of New Registered Agent Name GREGORY B. NOWAK Street Address (P.O. Box Number is Not Acceptable) 1937 GOLF ST. City SARASOTA FL Zip Code 34236	

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  - President	DATE 3/29/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P NORWAK, GREGORY B 6525 SUPERIOR AVENUE SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P GREGORY B. NOWAK 1937 GOLF STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 3/29/05 941-809-6034 Daytime Phone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	