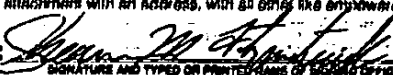


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

03-18-2005 90072 035 ***150.00

DOCUMENT # P04000073105 1. Entity Name SHAWN M FITZPATRICK INC					
Principal Place of Business 11095 MONTCALM ROAD SPRING HILL, FL 34608			Mailing Address 11095 MONTCALM ROAD SPRING HILL, FL 34608		
2. Principal Place of Business		3. Mailing Address			
Bldg, Apt. #, etc.		Bldg, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREKEY, EDWARD H 6195 FREEPORT DRIVE SPRING HILL, FL 34608				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 reappointing) Signature is, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	FITZPATRICK, SHAWN M		NAME	FITZPATRICK, SHAWN M	
STREET ADDRESS	11095 MONTCALM ROAD		STREET ADDRESS	11096 MONTCALM RD	
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowerment.					
SIGNATURE: 			Date 3-15-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66011841



03102005 Chg-P CR2E034 (10/03)

4. FBI Number **20-1082006** ☐ Applied For ☒ Not Applicable

8. Certificate of Status Desired ☐ **\$8.78 Additional Fee Required**

FL Zip Code