

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 027 ***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 11096		3. Mailing Address 11096			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1082006				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREKEY, EDWARD H 6195 FREEPORT DRIVE SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name: <u>Shawn M. Fitzpatrick</u> Street Address (P.O. Box Number is Not Acceptable): <u>11096 Montcalm Road</u> City: <u>Spring Hill</u> FL Zip Code: <u>34608</u>		
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: <u>Shawn M. Fitzpatrick</u> SHAWN M. FITZPATRICK PRESIDENT 4-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZPATRICK, SHAWN M <input type="checkbox"/> Delete 11096 MONTCALM RD. SPRING HILL, FL 34608		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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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: <u>Shawn M. Fitzpatrick</u> SHAWN M. FITZPATRICK PRESIDENT 4-20-06 219-3622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					