


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 013 ***150.00

DOCUMENT # P04000146522	
1. Entity Name CYNTHIA L. SHIPMAN, INC.	

Principal Place of Business 2443 ROLLINGS BROAK DRIVE ORLANDO, FL 32837 US	Mailing Address 2443 ROLLINGS BROAK DRIVE ORLANDO, FL 32837 US
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2. Principal Place of Business 2443 Rolling Broak Dr. Suite, Apt. #, etc.	3. Mailing Address 2443 Rolling Broak Dr. Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State Orlando, FL
Zip 32837	Zip 32837
Country	Country



04062005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1787044		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 SHIPMAN, CYNTHIA L 2443 ROLLINS BROAK DRIVE ORLANDO, FL 32837		
7. Name and Address of New Registered Agent Name: Shipman, Cynthia L. Street Address (P.O. Box Number is Not Acceptable): 2443 Rolling Broak Dr. City: Orlando FL Zip Code: 32837		

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: Cynthia L Shipman DATE: 4-7-05

Signature typed or printed name of registered agent and title if applicable. (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	P SHIPMAN, CYNTHIA L 2443 ROLLING BROAK DRIVE ORLANDO, FL 32837 <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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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: Cynthia L Shipman DATE: 4-7-05 DAYTIME PHONE: 407-856-6345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR