

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P32917

1. Entity Name
SHAWNEE FINANCE CORP.



Principal Place of Business
**C/O NRAI SERVICE, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301**

Mailing Address
**C/O NRAI SERVICE, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0323837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICE, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HINES, EDWARD F JR.
STREET ADDRESS	63 SALEM STREET
CITY-ST-ZIP	ANDOVER, MA 01810
TITLE	AT
NAME	SHIPLEY, ZACHARY K
STREET ADDRESS	1801 FORUM PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	AS
NAME	CORLEY, NOLLY E
STREET ADDRESS	20 BELLAIRE ROAD
CITY-ST-ZIP	WEST ROXBURY, MA 02131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000132728
04/27/04-80050-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Nolly Corley** **NOLLY CORLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2004 **781-274-7101**

Date Daytime Phone #