## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000045362

FILED Apr 30, 2004 Secretary of State

Entity Name: SHARKEY ENTERPRISES INTERNATIONAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6808 SIMCA DRIVE 186 11TH AVENUE N JACKSONVILLE, FL 32277 JACKSONVILLE BEACH, FL 32250 US LIS **Current Mailing Address: New Mailing Address:** 6808 SIMCA DRIVE 186 11TH AVENUE N US JACKSONVILLE, FL 32277 US JACKSONVILLE BEACH, FL 32250 FEI Number: 59-3214359 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SHARKEY, CRAIG D SHARKEY, CRAIG D 6808 SIMCA DRIVE 186 11TH ÁVENUE N JACKSONVILLE, FL 32277 JACKSONVILLE BEACH, FL 32250 US US 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. SIGNATURE: 04/30/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition CASON, WADE HIII Name: Name: 6808 SIMCA DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 US City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition Name: SHARKEY, CRAIG D Name: SHARKEY, CRAIG D 6808 SIMCA DRIVE 186 11TH AVENUE N Address: Address: JACKSONVILLE, FL 32277 US JACKSONVILLE BEACH, FL 32250 US City-St-Zip: City-St-Zip: Title: Title: D (X) Delete () Change () Addition CASON, DOREEN L Name: Name: 6808 SIMCA DRIVE Address: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Ρ SIGNATURE: CRAIG D SHARKEY 04/30/2004

JACKSONVILLE, FL 32277 US