


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000006667 1. Entity Name SHESCO, INC.	
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Principal Place of Business 5128 N. PALAFAX PENSACOLA, FL 32505	Mailing Address 5128 N. PALAFAX PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1140911	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 SHOWS, MICHAEL H 5128 N. PALAFOX PENSACOLA, FL 32505
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**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. Append printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D HESS, ROBERT M 3300 N. PACE BOULEVARD, #50 PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SHOWS, MICHAEL H 3300 N. PACE BOULEVARD, #50 PENSACOLA, FL 32505
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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07/07/04-80009-017 550.00

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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: MICHAEL H. SHOWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6/30/04 Day: the Phone: _____