

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028931

1. Entity Name
C. W. SHAW, INC.



Principal Place of Business
**4400 60TH AVE. N
ST. PETERSBURG, FL 33714**

Mailing Address
**4400 60TH AVE. N
ST. PETERSBURG, FL 33714**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2ED34 (11/05)

4. FEI Number
59-3320991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAW, CHARLIE
930 -14TH AVE.
ST. PETERSBURG, FL 33705**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	SHAW, CHARLIE W
STREET ADDRESS	930 14 AVE N
CITY- ST- ZIP	ST PETERSBURG, FL 33705

TITLE	D
NAME	SHAW, CHARLIE W
STREET ADDRESS	930 14 AVE N
CITY- ST- ZIP	ST PETERSBURG, FL 33705

TITLE	ST
NAME	SHAW, MARY
STREET ADDRESS	930 14 AVE N
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/01/06-80017-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Shaw

2/15/06

Date

727 528 0333

Daytime Phone #